

Pt 2 of 3

WASTE HAULER

WASTE GENERATOR

DUNS NUMBER SIC CODE 66

WASTE CHARACTERISTICS

(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):

1 = ORGANIC
2 = INORGANIC

70 71

CARD TYPE DATE 1 P S W C AUTHORIZATION NUMBER 8 13 TRANS CODE 14 DATE ENTERED (Agency Use) 15 16 / 17 18 / 19 20

WASTE CHARACTERISTICS

METAL KEY	TOTAL (PPM)	LEACH (PPM)	METAL KEY	TOTAL (PPM)	LEACH (PPM)
CN <u>0 1</u>	<u>23</u>	<u>30 31</u>	Cu <u>0 2</u>	<u>41</u>	<u>48 49</u>
Ag <u>0 3</u>			Hg <u>0 4</u>		
As <u>0 5</u>			Ni <u>0 6</u>		
Ba <u>0 7</u>			Pb <u>0 8</u>		
Cd <u>0 9</u>			Se <u>1 0</u>		
Cr <u>1 1</u>			Zn <u>1 2</u>		

LABORATORY NAME 21 40
CERTIFICATION NUMBER 41 60 REVIEWED BY: 61 63 / 64 66
1 21 SITE CODE 22 29 SITE NAME WES-COM (IDAHO)
DISPOSAL METHOD 1 7 30 31 NEUTRALIZATION METHOD 32 33
STATUS 34 START DATE 35 36 / 37 38 / 39 40 EXPIRATION DATE 41 42 / 43 44 / 45 46
SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

2 21 SITE CODE 22 29 SITE NAME
DISPOSAL METHOD 30 31 NEUTRALIZATION METHOD 32 33
STATUS 34 START DATE 35 36 / 37 38 / 39 40 EXPIRATION DATE 41 42 / 43 44 / 45 46
SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

3 21 SITE CODE 22 29 SITE NAME
DISPOSAL METHOD 30 31 NEUTRALIZATION METHOD 32 33
STATUS 34 START DATE 35 36 / 37 38 / 39 40 EXPIRATION DATE 41 42 / 43 44 / 45 46
SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

4 21 SITE CODE 22 29 SITE NAME
DISPOSAL METHOD 30 31 NEUTRALIZATION METHOD 32 33
STATUS 34 START DATE 35 36 / 37 38 / 39 40 EXPIRATION DATE 41 42 / 43 44 / 45 46
SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

5 21 SITE CODE 22 29 SITE NAME
DISPOSAL METHOD 30 31 NEUTRALIZATION METHOD 32 33
STATUS 34 START DATE 35 36 / 37 38 / 39 40 EXPIRATION DATE 41 42 / 43 44 / 45 46
SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

CARD TYPE DATE 9/13/79 L P S W C AUTHORIZATION NUMBER 8 — — — — 13 TRANS CODE 14 DATE ENTERED (Agency Use) 15 16 / 17 18 / 19 20

1 6 8	7	HAULER REGISTRATION NUMBER	0	2	0	1	NAME	WASTE RESEARCH AND RECLAMATION				
		ADDRESS	ROUTE 3				COMMUNITY	EAU CLAIRE				
		COUNTY	EAU CLAIRE		STATE	WI	ZIP	54701	AREA CODE	715	TELEPHONE	834-9624

WASTE GENERATOR

GENERATOR CODE 25 NAME VARIAN/NATIONAL

ADDRESS KESLINGER ROAD COMMUNITY LA FOX

COUNTY KANE STATE IL ZIP 60147 AREA CODE 312 TELEPHONE 232-4300

GENERATOR CONTACT NAME MARK PETERSON

DUNS NUMBER 36 SIC CODE 85

WASTE CHARACTERISTICS

IUPAC WASTE NAME		TOTAL ANNUAL WASTE VOLUME		VOLUME UNITS		WASTE PHASE	
1 7 5 0 0		2					
TRANSPORT FREQUENCY		WASTE CLASS		1 = CUBIC YARDS		1 = SOLID	
7		(Agency Use)		2 = GALLONS		2 = SEMI-SOLID	
1 = ONE TIME		5 = MONTHLY				3 = LIQUID	
2 = DAILY		6 = BI-MONTHLY				4 = GAS	
3 = WEEKLY		7 = QUARTERLY					
4 = BI-WEEKLY		8 = SEMI-ANNUALLY					

<u>5</u>	<u>0</u>	INHALATION TOXICITY	DERMAL TOXICITY	INGESTIVE TOXICITY	INFECTIOUS	REACTIVITY	EXPLOSIVE
<u>6</u>	<u>7</u>						
		<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>
		FLASH POINT	°F	ALPHA RADIATION	(pCi/L)	COMPOSITION	
		<u>27</u>	<u>30</u>	<u>31</u>	<u>36</u>		<u>37</u>
						1 = ORGANIC 2 = INORGANIC	

PERCENT ACIDITY		PERCENT ALKALINITY		pH		PERCENT TOTAL SOLIDS		PERCENT ASH CONTENT	
38 — . 40		41 — . 43		44 — . 46		47 — . 51		52 — . 55	
KEY COMPONENT NAME		PERCENT		KEY COMPONENT NAME		PERCENT		PERCENT	
1	ACETONE	21	22	43	44	2	METHANOL	48	49
3	TRICHLOROETHYLENE	21	22	43	44	4		48	49
5		21	22	43	44	6		48	49

CARD TYPE _____ DATE _____ L P S W C AUTHORIZATION NUMBER _____ TRANS CODE _____ DATE ENTERED (Agency Use) _____ / _____ / _____

WASTE CHARACTERISTICS

METAL KEY	TOTAL (PPM)	LEACH (PPM)	METAL KEY	TOTAL (PPM)	LEACH (PPM)
CN 0 1	23	30 31	Cu 0 2	41	48 49
Ag 0 3			Hg 0 4		
As 0 5			Ni 0 6		
Ba 0 7			Pb 0 8		
Cd 0 9			Se 1 0		
Cr 1 1			Zn 1 2		

LABORATORY NAME _____

CERTIFICATION NUMBER _____ REVIEWED BY: _____

1 SITE CODE 9 5 5 0 3 5 0 1 SITE NAME WASTE RESEARCH AND RECLAMATION

DISPOSAL METHOD 1 5 NEUTRALIZATION METHOD _____
 STATUS _____ START DATE _____ / _____ / _____ EXPIRATION DATE _____ / _____ / _____
 SIGNATURE _____ (SITE OWNER) SIGNATURE _____ (SITE OPERATOR)

2 SITE CODE _____ SITE NAME _____
 DISPOSAL METHOD _____ NEUTRALIZATION METHOD _____
 STATUS _____ START DATE _____ / _____ / _____ EXPIRATION DATE _____ / _____ / _____
 SIGNATURE _____ (SITE OWNER) SIGNATURE _____ (SITE OPERATOR)

3 SITE CODE _____ SITE NAME _____
 DISPOSAL METHOD _____ NEUTRALIZATION METHOD _____
 STATUS _____ START DATE _____ / _____ / _____ EXPIRATION DATE _____ / _____ / _____
 SIGNATURE _____ (SITE OWNER) SIGNATURE _____ (SITE OPERATOR)

4 SITE CODE _____ SITE NAME _____
 DISPOSAL METHOD _____ NEUTRALIZATION METHOD _____
 STATUS _____ START DATE _____ / _____ / _____ EXPIRATION DATE _____ / _____ / _____
 SIGNATURE _____ (SITE OWNER) SIGNATURE _____ (SITE OPERATOR)

5 SITE CODE _____ SITE NAME _____
 DISPOSAL METHOD _____ NEUTRALIZATION METHOD _____
 STATUS _____ START DATE _____ / _____ / _____ EXPIRATION DATE _____ / _____ / _____
 SIGNATURE _____ (SITE OWNER) SIGNATURE _____ (SITE OPERATOR)

interoffice

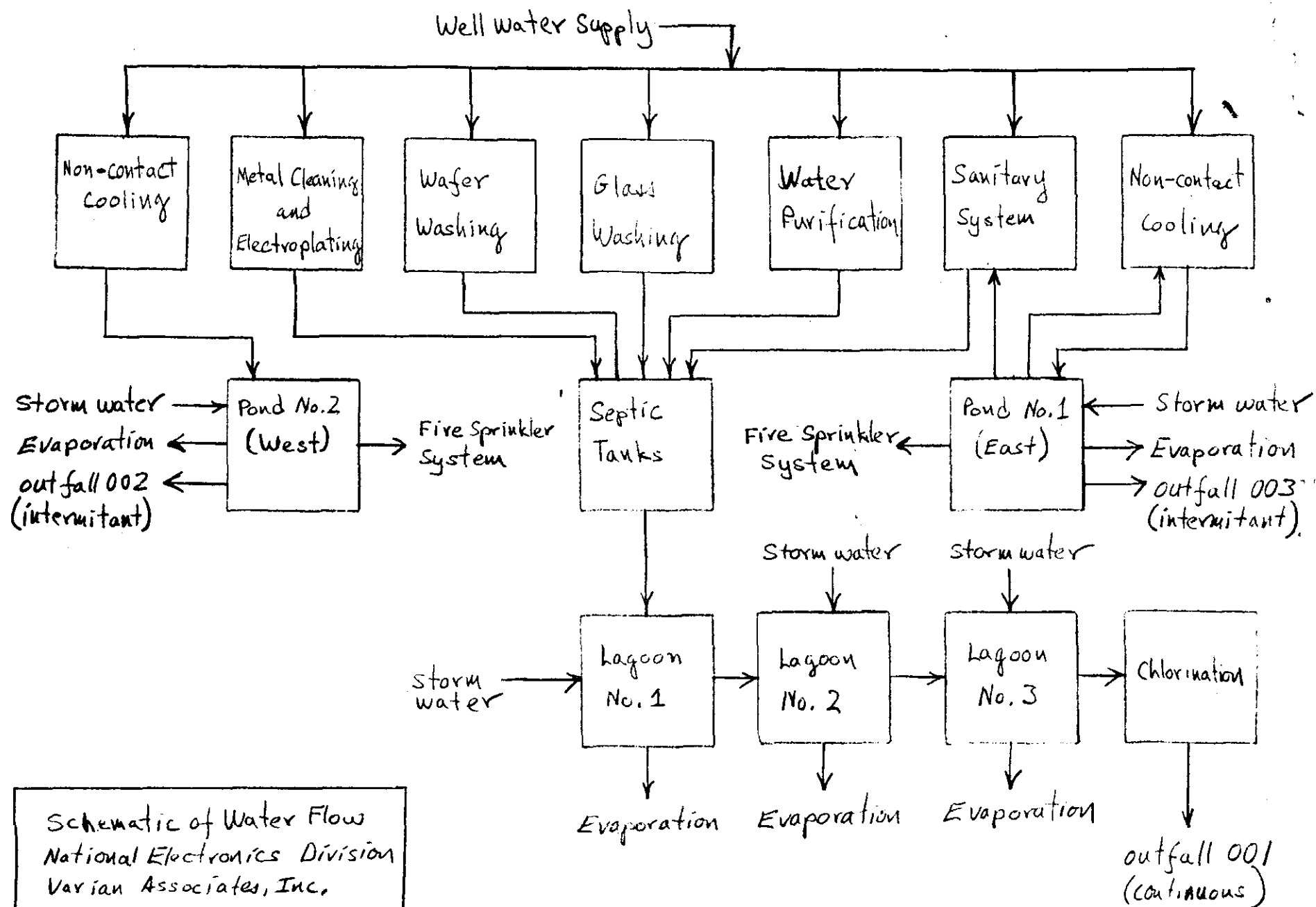


to Bud Loeb
from Carl Schoder *CS* ext. 3080
date December 24, 1980
subject NPDES permit renewal and effluent improvement

As a result of our discussions 12-19-80 recommend the following steps be taken:

1. Submit a written request to Illinois EPA for a 90 day extension on the filing time for the NPDES permit renewal which the Illinois EPA has indicated would be granted.
2. Sample the three outfalls and well water and have analyses performed per requirements of the NPDES permit application. Composite samples should be gathered per permit instructions. The well water data may not be needed for the permit but I feel it is good information for us to have as a data base.
3. Take additional samples, including duplicates and sludge from lagoon No. 1 for mercury analysis only, to clarify the existing mercury levels at various locations.
4. Have Lamont and Harry Hasse prepare the permit forms for submittal to Palo Alto. Please ask them to refine the rough flow chart that I started, including the addition of estimated flows.
5. If you will forward the refined flow chart and analysis results to me, Ed and I will see if we can provide some suggestions for minimizing the mercury concentrations in the effluent. At present the only thoughts I have are providing a closed pipe return for the non-contact cooling water and lining of the pits to which this water returns.

cc; C. Clemm
W. Kranzthor
M. Siegel
J. Vanderknyff
L. Walker
E. Wolovich



Schematic of Water Flow
 National Electronics Division
 Varian Associates, Inc.
 EPA ID No. ILD 062405204
 La Fox, Kane Co., Ill. 60147

WASTE RESEARCH and
RECLAMATION CO., INC.

Route 3 • EAU CLAIRE, WISCONSIN 54701

WRR
SPEED MEMO

To Lamont Wilson *CHICKEN* | At National Electronics
Subject Spent stream analysis information | Date 12/2/80

Dear Lamont,

Attached is the information that must be as accurately completed as possible by all generators so that they are in compliance with ^{the} new regulations.

There is a laboratory on far south side of Chicago that was kind enough to furnish costs for the various tests they can perform. A second copy is furnished for your information.

If there are any questions, please advise.

PLEASE REPLY TO →

Signed

Dick Crack

At

WRR



SPENT MATERIAL SURVEY

Phone (715) 834-9624

**WASTE RESEARCH and
RECLAMATION CO., INC.**

Route 7 • EAU CLAIRE, WISCONSIN 54701

Company		Waste Stream Information	
Address		Name of Main Components	
		Quantity On Hand	Monthly Generation
Contact	Title	Packaging: Bulk _____ Drums _____	
Phone	Date of Sampling	Physical State at 70°F Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Semi-Solid <input type="checkbox"/>	
For my hazardous waste to be handled properly and economically, I am furnishing the information below fully and accurately			
DETAIL DESCRIPTIONS:			
to the best of my knowledge. Signed By _____ Date _____			
General Basic Parameters		Organic Solvents	Metallic Contents in PPM
Flash Point			Dissolved _____ Suspended _____
pH Value		_____%	CN _____
Specific Gravity		_____%	Cu _____
Suspended Solids	_____%	_____%	Ag _____
Waste Producing Process		_____%	Hg _____
Gaseous Emission Substance		_____%	As _____
Layers Present			Ni _____
Total % of Chloride		Organic Residues _____%	Ba _____
Total % of Sulfur		Oil Type _____%	Pb _____
Toxicity Rating			Cd _____
Inhalation _____ Dermal _____ Oral _____		Polymeric _____%	Se _____
Carcinogens not listed in this form		Type _____%	Cr _____
			Zn _____
		Oil Products (Type, Specification and Usages):	Acids _____%
			or _____%
			Alkalis _____%
			_____%
			Salts _____%
			_____%
Hazards as defined by R.C.R.A.			
Ignitable <input type="checkbox"/>	Radioactive <input type="checkbox"/>		
Corrosive <input type="checkbox"/>	Infectious <input type="checkbox"/>		
Reactive <input type="checkbox"/>	Phytotoxic <input type="checkbox"/>		
Toxic <input type="checkbox"/>	Teratogenic/Mutagenic <input type="checkbox"/>		
Packaging and Documenting: Will this waste material be packaged in proper containers with proper labelling and marking to its general contents as required by Department of Transportation and EPA's regulation?			
Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain: _____			
Desired Service		WR&R Representative	
Recovery <input type="checkbox"/>			
Disposal <input type="checkbox"/>		Branch Office	Date
(Others) _____ <input type="checkbox"/>		Remarks	

Gulf Coast Laboratories

Flash Point \$ 10.00

pH N/C

Specific Gravity \$ 5.00

Suspended Solids \$ 6.00

BTU, Chlorine, Sulfur \$ 40.00

Solvents \$ 60.00

Acidity \$ 6.00

Alkalinity \$ 6.00

Cyanides, Total \$ 20.00

Metals

Copper \$ 12.00

Silver \$ 12.00

Mercury \$ 25.00

Arsenic \$ 25.00

Nickel \$ 12.00

Barium \$ 15.00

Lead \$ 12.00

Cadmium \$ 12.00

Selenium \$ 15.00

Chromium \$ 12.00

Zinc \$ 12.00

PCBs in Oils \$ 65.00

WR+R does not want to influence your decision. This is provided only for informational pricing.

interoffice



to : Carl Schoder
 from : LaMonte Walker *lw* ext. 202
 date : November 24, 1980
 subject : USEPA Permit Application, Hazardous Waste, Part A

Attached is one of the duplicate copies you sent us for review and approval. Except the items discussed per our telephone conversation of November 21, the information in the application is correct to our best judgement.

LCW:le
 Attachment

Part A, Permit Application,
National Division
Varian Associates
Geneva, Illinois

PS Form 3813, Jan. 1979

1. SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.) 45c

☒ Show to whom and date delivered. c

☐ Show to whom, date and address of delivery. c

☐ RESTRICTED DELIVERY
Show to whom and date delivered. c

☐ RESTRICTED DELIVERY
Show to whom, date, and address of delivery. c

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
EPA REGION IV
CHICAGO, ILL. 60680

3. ARTICLE DESCRIPTION:
REGISTERED NO. CERTIFIED NO. INSURED NO.
149373

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent
BEL

DATE OF DELIVERY NOV 2 5 1980 POSTMARK CHICAGO ILL

4. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS CH

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

Varian / 611 Hansen Way / Palo Alto / California 94303 / U.S.A.

Tel. (415) 493-4000

Telex 34-8476

November 18, 1980



EPA Region V
RCRA Activities
P.O. Box 7861
Chicago, IL 60680

Dear Sirs:

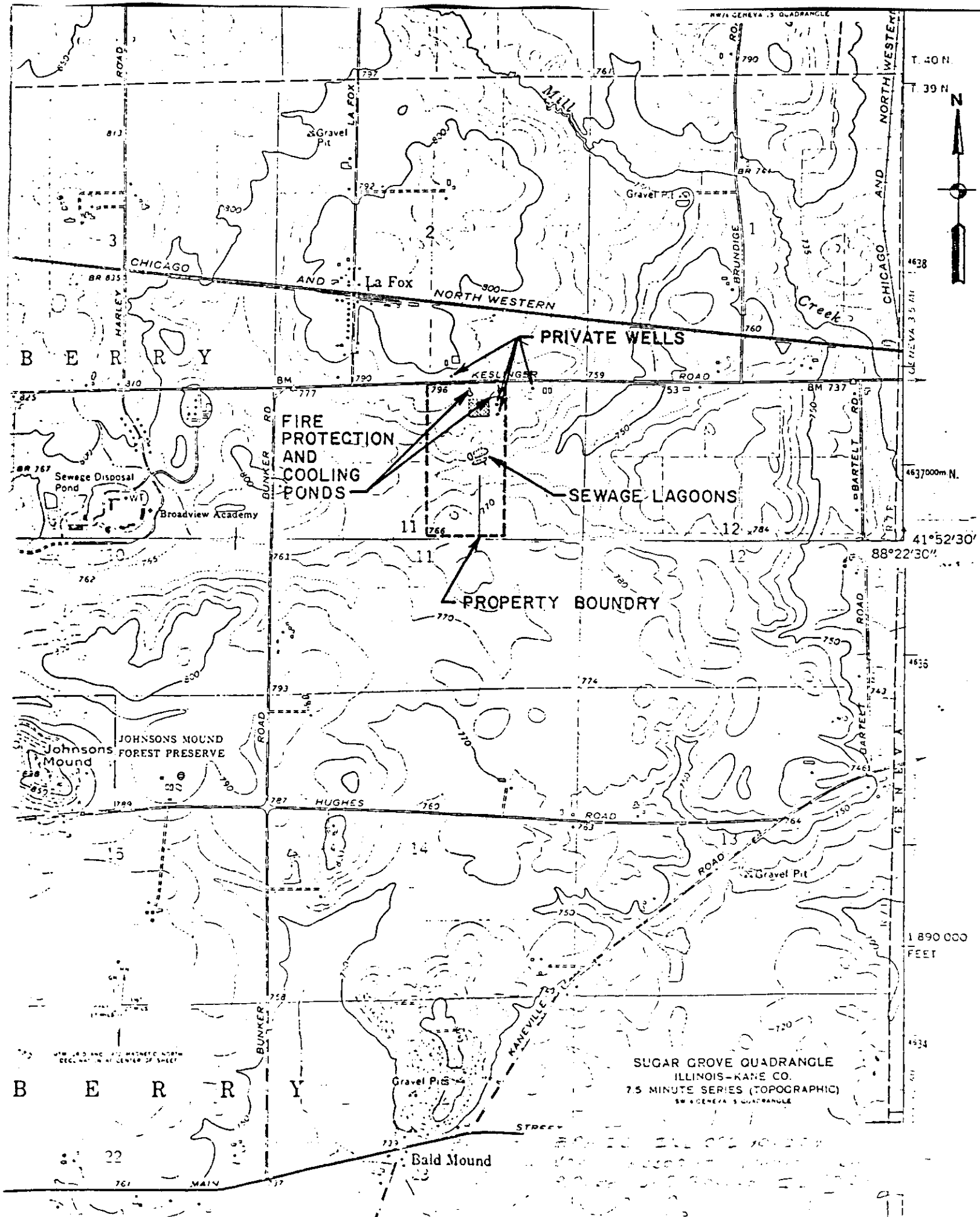
Enclosed is Part A of the permit application submitted to obtain interim status under the Resource Conservation and Recovery Act for an existing treatment or storage facility. The information supplied on RCRA forms 1 and 3 represents our best judgment and belief as to the information requested. For example, because we are a multi-facility, multi-product manufacturing company, the SIC codes provided under section VII, and the brief description under section XII, are close approximations which may not completely describe all aspects of our business. In addition, the owner certification in section IX of form 3 is a certification of the "owner" of the treatment or storage facility, as defined in EPA General Instructions, and not the owner of the land or building from whom we have obtained a leasehold interest.

The enclosed applications have been submitted in a good faith attempt to comply with those EPA Hazardous Waste Regulations under the Resource Conservation and Recovery Act which were published by November 1, 1980, and the information submitted represents our best judgment as to EPA requirements as of that date.

Very truly yours,

Wilfrid A. Krantzthor
Director of Management Systems

WAK:aab



FORM 1 GENERAL		EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F I L D 0 6 2 4 0 5 2 0 4	
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE				GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	VARIAN ASSOCIATED NATIONAL DIVISION
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)		
2	WALKER, LAMONTE SAFETY ADMIN	312	232	4300

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	P.O. BOX 269	4	GENEVA	IL	60134

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	KESLINGER ROAD	6	KANE	LA FOX	IL	60147	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
3673 (specify)	Electronic Tubes	7 3674 (specify)	Semiconductor devices
C. THIRD		D. FOURTH	
7 (specify)		7 (specify)	

VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
8 VARIAN ASSOCIATES, INC.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)		C A 415 493 4000	
E. STREET OR P.O. BOX			
611 Hansen Way			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
8 Palo Alto		CA	94303
		IX. INDIAN LAND	
		Is the facility located on Indian lands?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
9 N IL0024333		9 P	
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
9 U		0898990001 (specify)	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
9 R		(specify)	
		Illinois EPA Hazardous waste	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Varian designs, builds, markets and services high technology products for customers in industry, communications, defense, science, and medicine. Products include electron tubes, solid state devices, vacuum components and systems based on vacuum technology, analytical instruments, medical systems and magnetic components.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
John Heldack V.P. Corp. Development & Public Affairs	<i>John Heldack</i>	11/15/80

COMMENTS FOR OFFICIAL USE ONLY

C	
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Continued from the front.

I. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

V. DESCRIPTION OF HAZARDOUS WASTES

EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

1. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)

FOR OFFICIAL USE ONLY

L 0 0 6 2 4 0 5 2 0 4

W

DUP

2

DUP

DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES							
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
1	F 0 0 7	900	P	S01							
2	P 0 2 9										included with above
3	P 0 3 0										included with above
4	P 1 0 6										included with above
5	U 0 0 2	19000	P	S01							
6	U 1 5 4	13000	P	S01							
7	D 0 0 1	3500	P	S01							
8	F 0 1 7										included with above
9	F 0 0 5										included with above
10	F 0 0 2										included with above
11	F 0 0 3										included with above
12	U 2 3 9										included with above
13	F 0 0 8	150	P	S01							
14	F 0 0 7	150	P	S01							
15	U 1 5 1	5000	P	S01							
16	U 2 2 8	15000	P	S01							
17	F 0 0 1										included with above
18	D 0 0 2	31000	P	S01							
19	U 1 3 4	1000	P	S01							
20											
21											
22											
23											
24											
25											
26											

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

EPA I.D. NO. (enter from page 1)														
S											T/A	C		
F	I	L	D	0	6	2	4	0	5	2	0	4		6
1	2										13	14	15	

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

LATITUDE (degrees, minutes, & seconds)

4	1	5	2		4	4
15	16	67	68	69	-	71

LONGITUDE (degrees, minutes, & seconds)

8	8	2	4	0	7
72	-	74	75	76	77 - 79

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E	VARIAN ASSOCIATES INC.
---	------------------------

415	-493	-4000
-----	------	-------

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	
F	611 Hansen Way

C	
G	Palo Alto

CA

94303

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

John Heldack

V.P. Corp. Development & Public Affairs

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

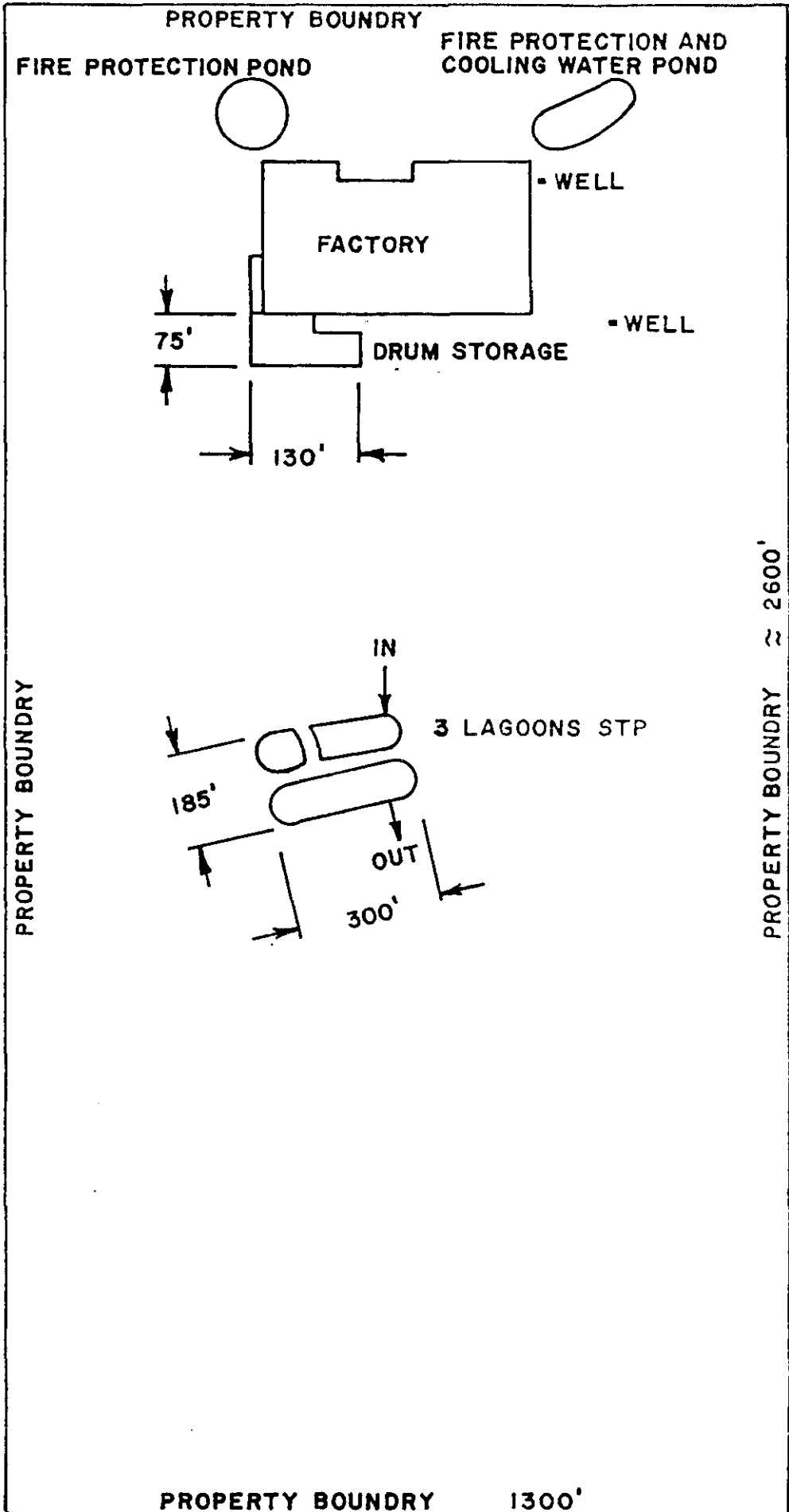
A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

John Heldack

V. P. Corp. Development & Public Affairs



PROPERTY BOUNDARY ≈ 2600'

PROPERTY BOUNDARY 1300'

1" ≈ 250'



intèroffice



to : Carl Schoder
from : LaMonte Walker ext. 202
date : August 12, 1980
subject : Notification of Hazardous Waste Activity

Attached please find a copy of our completed Notification Form. We also submitted the post card to request a RCRA permit application. If you have any questions, please contact me by August 15th as I will be out of the plant the next two weeks until September 2.

LaMonte Walker

LCW/le
Attach.

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored, and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

ILD062405204

I. NAME OF INSTALLATION

~~VARIAN ASSOCIATES~~

II. INSTALLATION MAILING ADDRESS

PO BOX 269
GENEVA, IL 60134

III. LOCATION OF INSTALLATION

~~KESLINGER ROAD~~
~~GENEVA, IL 60134~~

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F

TIA C

I

I. NAME OF INSTALLATION

VARIAN ASSOCIATES/NATIONAL DIV

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PO BOX 269

CITY OR TOWN

4 GENEVA

ST.

ZIP CODE

IL

60134

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 KESLINGER ROAD

CITY OR TOWN

6 LA FOX

ST.

ZIP CODE

IL

60147

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 WALKER LA MONTE SAFETY ADMIN

312.232.4300

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 VARIAN ASSOCIATES INC

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only, enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

ILD062405204

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
W														

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001	2 F002	3 F003	4 F005	5 F007	6 F008
7 F009	8 F017	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P029	32 P030	33 P106	34 U002	35 U134	36 U151
37 U228	38 U239	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE

(D001)

☒ 2. CORROSIVE

(D002)

☐ 3. REACTIVE

(D003)

☒ 4. TOXIC

(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Eugene F. Loeb</i>	NAME & OFFICIAL TITLE (type or print) Eugene F. Loeb General Manager	DATE SIGNED 8/12/80
------------------------------------	--	------------------------

Installation's EPA I.D. Number — If you were included in EPA's Mass mailing of notification packets or if you have filed a notification with EPA and have received an Acknowledgement of Notification of Hazardous Waste Activity enter your Installation's EPA I.D. Number in these boxes (*one letter or number per box*). Otherwise, leave this item blank.

INSTALLATION'S EPA I.D. NUMBER																
S	F	I	L	D	O	L	Z	4	0	5	2	0	4	3	8	P.T.S.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

USE ONLY OFFICIALLY	REGION NO.
	DATE RECEIVED
	DATE MAILED

COMPLETE

Mailing Label — Enter the name and address where you want EPA to send your Part A packet (*Form 1 and Form 3 of the Consolidated Permits Application*). DO NOT remove label, leave attached to postcard.

After completing the postcard, detach it, affix the proper first class postage, and mail. For your own records, you may enter the date the postcard is mailed to EPA. Retain this portion for your records.

3/12/80

DATE MAILED

lw

NAME: PRESS HARD WHEN FILLING IN NAME & ADDRESS.

VARIAN ASSOCIATES/NATIONAL
STREET ADDRESS:

P.O. Box 269

CITY, STATE, & ZIP CODE:

GENEVA, ILLINOIS 60134

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER FIL D 062405204	
I. EPA I.D. NUMBER ILD062405204		III. FACILITY NAME VARIAN ASSOCIATES		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
V. FACILITY MAILING ADDRESS PO BOX 263 GENEVA, IL 60134		VI. FACILITY LOCATION KESLINGER ROAD GENEVA, IL 60134			

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	VARIAN ASSOCIATES / NATIONAL
---	------	------------------------------

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	WALKER, LAMONTE SAFETY ADMIN	312	232 4300

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	PO BOX 263	4	GENEVA	IL	60134

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	KESLINGER ROAD	6	DAVE	LA FOX	IL	60147	

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII: SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	3	6	7	7	3	6	7
(specify) ELECTRONIC TUBES				(specify) THYRISTORS, SCRS			
C. THIRD				D. FOURTH			
7				7			
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?			
8 VARIAN ASSOCIATES, INC.												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															
F = FEDERAL M = PUBLIC (other than federal or state) P = PRIVATE S = STATE O = OTHER (specify) P (specify)															
D. PHONE (area code & no.)															
A 415 493 4000															
E. STREET OR P.O. BOX															
611 HANSEN WAY															
F. CITY OR TOWN												G. STATE		H. ZIP CODE	
B PALO ALTO												CA		94303	
IX. INDIAN LAND															
Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO															

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)												D. PSD (Air Emissions from Proposed Sources)											
9 N IL0024333												9 P											
B. UIC (Underground Injection of Fluids)												E. OTHER (specify)											
9 U												0398990001 (specify) ILLINOIS EPA HAZARDOUS WASTE											
C. RCRA (Hazardous Wastes)												E. OTHER (specify)											
9 R												(specify)											

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE INDUSTRIAL ELECTRONIC TUBES AND SEMICONDUCTORS

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	

COMMENTS FOR OFFICIAL USE ONLY

--	--

ELBURN QUADRANGLE
ILLINOIS-KANE CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)
NW 1/4 GENEVA 15 QUADRANGLE

T. 40 N

T. 39 N



4638

4637000m N.

41°52'30"

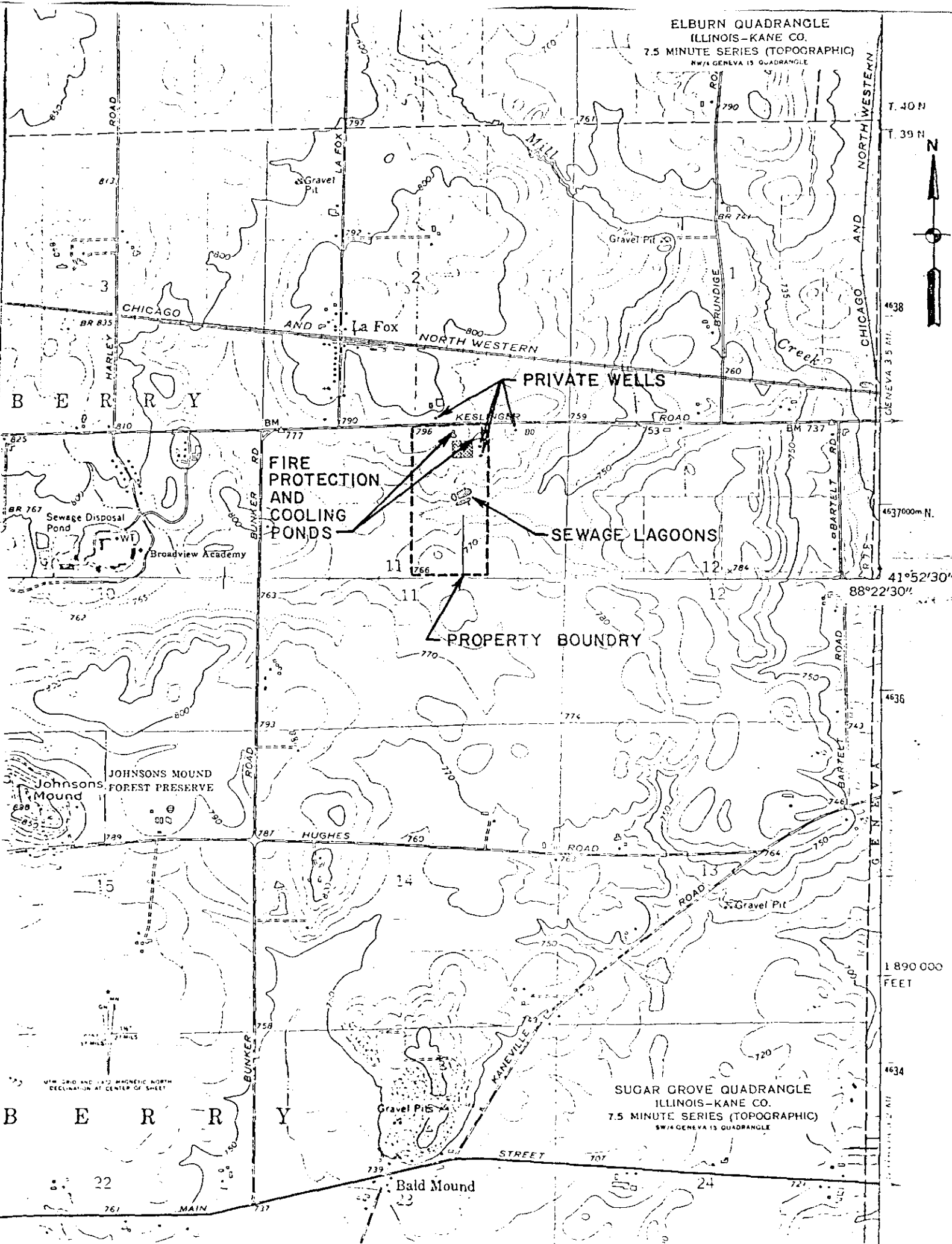
88°22'30"

4636

1 890 000
FEET

4634

SUGAR GROVE QUADRANGLE
ILLINOIS-KANE CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)
SW 1/4 GENEVA 15 QUADRANGLE



B E R R Y

22

761 MAIN 737

Print or type in the unshaded areas only
All-in areas are spaced for elite type, i.e., 12 characters/inch.

Form Approved OMB No. 158-S80004

FORM
3
RCRA



U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER
FIELD 062405204 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED
DATE RECEIVED (yr., mo., & day)
23 24 25

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP									
1 2 3 4 5 6 7 8 9 10									
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S01	12000	G		7				
2	S02	1500	G		8				
3					9				
4					10				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE _____ CODE
POUNDS. P
TONS. T

METRIC UNIT OF MEASURE _____ CODE
KILOGRAMS. K
METRIC TONS. M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. JZ	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W I L D 0 6 2 4 0 5 2 0 4 1													W DUP 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)																					
				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																					
1	F007	900	P	501																					
2	P029																								
3	P030																								
4	P106																								
5	U002	19000	P	502																					
6	U154	18000	P	501																					
7	U001	3500	P	501																					
8	F017																								
9	F005																								
10	F002																								
11	F003																								
12	U237																								
13	F008	150	P	501																					
14	F007	150	P	501																					
15	U151	5000	P	501																					
16	U228	15000	P	501																					
17	F001																								
18	U002	31 000	P	501																					
19	U134	1000	P	501																					
20																									
21																									
22																									
23																									
24																									
25																									
26																									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

FILE 062405204 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

41 52 44

88 24 07

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

VARIAN ASSOCIATES INC

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

611 HANSEN WAY

PALO ALTO

CA

94303

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

X. OPERATOR CERTIFICATION

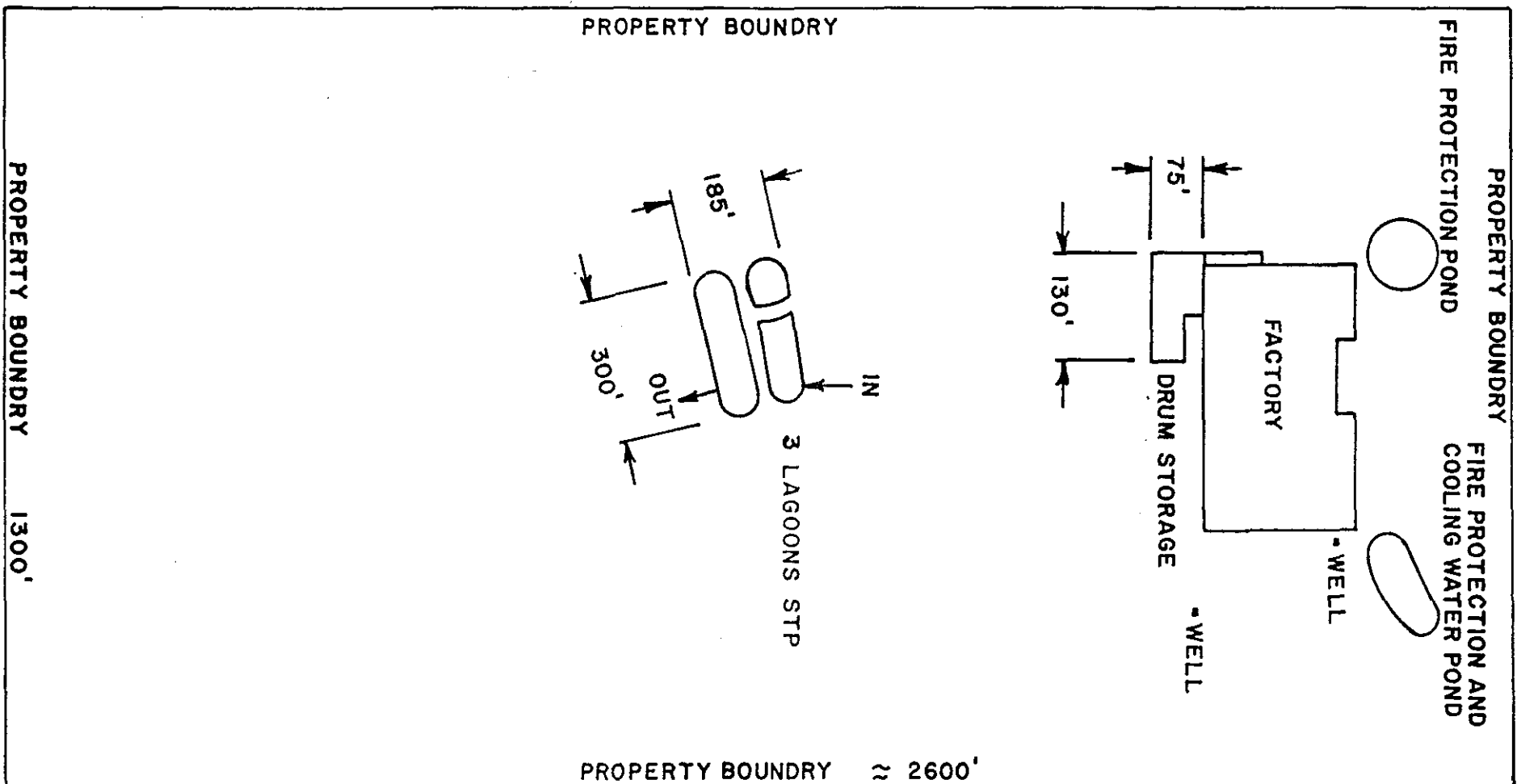
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

V. FACILITY DRAWING (see page 4)



PROPERTY BOUNDARY 1300'

1" ≈ 250'

IMPORTANT MESSAGE

FOR Geneva

DATE _____ TIME _____ A.M. P.M.

M Page 1 of 5 (Form 3)

OF Item I: No date

PHONE leave blank.

AREA CODE Certainly not 1963. NUMBER EXTENSION

TELEPHONED		PLEASE CALL	
CAME TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		RUSH	
RETURNED YOUR CALL		SPECIAL ATTENTION	

MESSAGE Page 4 of 5

North latitude

West longitude

Form I, Page 2

SIGNED 3674 Thyristors and

LITHO IN U.S.A. Semicon div.



Nuclear Engineering Company, Inc.

9200 SHELBYVILLE ROAD, SUITE 526 • P.O. BOX 7246

LOUISVILLE, KENTUCKY 40207 PHONE (502) 426-7160

October 8, 1980

Varian/National
Mark Peterson
Keslinger Rd.
LaFox, IL 60147

Dear Customer:

Due to your participation and questions during NECO's recent RCRA briefings, and necessary modifications for computer input, the Request for Disposal Form has been updated. Although in appearance the form has changed dramatically, the information requested is essentially the same. Enclosed are detailed instructions to assist completion of the new form. It is in this area that interpretations of the new RCRA regulations are clarified.

NECO would like to remind you of several items and dates that must be met for compliance with the RCRA regulations. The major concern for both your organization and NECO is the continued movement and proper disposal of wastes as they are generated. The approval process will be accomplished by:

1. Submittal of the completed Request for Disposal Form and lab analysis for each waste stream to be shipped after November 18, 1980, even those currently permitted.
2. A copy of the approved Request for Disposal Form and any necessary state permits, must be in your possession prior to shipment.

In order to facilitate continued service by NECO, it is imperative that the enclosed forms be completed and returned to NECO, at the address listed on the form, by October 22, 1980. If you have completed and returned the information to us on the previous form, you will not need to resubmit the information.

Effective immediately, no waste stream applications will be processed unless they are received on the Request for Disposal Form. Any necessary state applications will be completed by NECO, using the information supplied by you on the Request for Disposal Form.

Page Two
RCRA

There have been numerous questions concerning wastes that are outside RCRA landfilling limits on reactivity and ignitability properties. At this time, a general statement on this subject is not practical. However, these wastes will be reviewed on an individual waste stream basis. We would like to assure you that steps are being taken by NECO to offer qualified alternative disposal services for those streams that cannot be landfilled under RCRA regulations. These alternatives will be presented to applicants as they are finalized within our organization.

A major concern is a process for the disposal of laboratory waste. NECO has contacted the U.S. EPA concerning this problem. When the U.S. EPA establishes an approved process for laboratory waste disposal, NECO will provide the appropriate information so that the submittal of Request for Disposal forms may begin. Until that time, NECO will be unable to process requests for the disposal of laboratory waste.

NECO wishes to thank all who attended the RCRA briefings. Please note our site numbers as assigned by the U.S. EPA are listed below. If you need additional forms or have any questions, please do not hesitate to contact this office. (502) 426-7160 Extensions 72, 73 or 74.

Sincerely yours,



Gerald J. Rague, Manager
Chemical Sales

GJR:jc

<u>SITE</u>		<u>EPA SITE NUMBER</u>
Sheffield, Illinois	-	ILD045063450
Robstown, Texas	-	TXD069452340
Beatty, Nevada	-	Not Yet Assigned

NVT 330010000

Page Two
Instructions

STATE WASTE STREAM (WS)#: If the waste stream has previously been assigned a number by the state in which our site(s) operate, please note it here.

NECO WASTE STREAM (WS)# Leave Blank; this number will be assigned by us upon receipt of the completed form.

GENERATOR NAME, GENERATING FACILITY ADDRESS, (city, state and zip code):
Complete this section in its entirety for each facility and waste stream.

STATE EPA GENERATOR ID NUMBER: In some cases, the generating facility has been assigned a state number either by the state where their facility is located or where our disposal facility is located. List all of these numbers and the state which has assigned the number(s).

EXAMPLE: 1234567891 (Illinois)

ADMINISTRATIVE CONTACT AND TELEPHONE NUMBER: The person listed here should be the generator's representative who would address questions concerning the day-to-day activities of disposal.

TECHNICAL CONTACT AND TELEPHONE NUMBER: The person listed here should be the generator's representative who would address questions concerning the composition of the waste stream.

WASTE HAULER, ADDRESS (street, city, state & zip code)
AND TELEPHONE NUMBER: This should be the company that the generator feels will be the primary transporter of the waste.

KEY COMPONENTS: Organic and inorganic substances comprising the waste are to be identified by generic name and expressed in percent contained in the waste. Any components accounted for in parts per million should be listed on an attached sheet. Account for all the components of the waste, including non-hazardous components.

NOTE: (The numbers listed beside the component lines are for computer use only and every line is to be used for listing components.) Space is provided for the percent of each component found in the sample, with one decimal point space provided, and for expressing a range of percents that the component could be found in the waste if it will be dramatically different from the sample.

EXAMPLE

W		KEY COMPONENTS		PERCENT									
				SAMPLE					EXPECTED		RANGE		
11	12			41	42	43	44	45	46	47	48	49	50
1	T O L U E N E				4	0	0		2	5		5	0
	W A T E R				4	9	8		3	0		7	0
2	M E T H A N O L				1	0	0		0			2	0
	L E A D						2		0				
3													

☐ ADDITIONAL KEY COMPONENT DESCRIPTION ATTACHED

ANALYTICAL TECHNIQUE(S) USED: Complete this line showing the technique(s) used to identify the key components, i.e. Conventional Gas Chromatograph, Atomic Absorbtion, etc.

WASTE PROPERTIES

WASTE COMPOSITION: Check the box which applies.

WASTE STATE: Check the appropriate box.

VISCOSITY: Must be expressed for all waste streams.
(In Centipoise)

pH: Must be reported for all materials.

PERCENT ACIDIC: For all materials with a pH less than 7, as
percent acidity.

PERCENT ALKALI: For all materials with a pH greater than 7,
as percent alkalinity.

ANALYTICAL TECHNIQUE: Must be completed showing how the
acidity or alkalinity was expressed; i.e. as sulfuric
acid, calcium carbonate, etc.

FLASH POINT: Per RCRA, closed cup methods are required, with
Pensky-Martens or Setaflash methods recommended. If
a flash point is not obtainable, then note if the
waste is ignitable.

ANALYTICAL TECHNIQUE: Note which test method was used to
determine the flash point of the material.

DENSITY: This section is the average weight of the waste
material as expressed in pounds per gallon or pounds
per cubic feet. (Be as precise as possible)

POUNDS/GALLON OR POUNDS/CU.FT.: Check the appropriate box.

Page Seven
Instructions

DOT UN/NA CODE: A UN or NA code has been assigned to all materials listed in the DOT Hazardous Materials Table effective 11-19-80.

EXAMPLE (Per example waste stream)

DOT UN/NA CODE

U	N	1	9	9	3
91					96

DOT HAZARD CLASSES APPLICABLE: Check the appropriate boxes for your waste stream.

NOTE: These should be the HAZARD classes which you would include in the identification of your waste in the Part A of your annual report to the Environmental Protection Agency as a generator of hazardous waste.

PACKAGES WILL CONTAIN REPORTABLE QUANTITY OF A HAZARDOUS WASTE:

Check this box if it is applicable per the listing in the DOT Hazardous Materials Table (as defined by the Clean Water Act).

PROPOSED PACKAGING: List specific container type and size to be used for transporting waste.

EXAMPLE

PROPOSED PACKAGING

D	O	T		1	7	E		5	5	-	G	A	L	L	O	N		S	T	E	E	L		D	R	U	M	
122																											131	

AUTHORIZED SIGNATURE: Must be signed by an authorized representative of the company applying.

NAME: Type or print the name of the person signing the form.

DATE: Date the form is signed.

TITLE: Title of the person signing the form.

Page Eight
Instructions

THE REMAINDER OF THE FORM SHOULD BE LEFT BLANK

The completed form should be returned to:

P.O. BOX 7246
LOUISVILLE, KY 40207

THE FORM WILL BE REVIEWED AND WE WILL SUBMIT ANY NECESSARY STATE APPLICATIONS. A COPY OF THE FORM WILL BE RETURNED TO YOU EITHER APPROVED FOR DISPOSAL AT OUR FACILITY, OR DENIED. EFFECTIVE 11-19-80, NO WASTE WILL BE ACCEPTED FOR DISPOSAL AT OUR FACILITIES UNLESS THE DISPOSAL REQUEST FORM AND ANY NECESSARY STATE FORMS HAVE BEEN APPROVED PRIOR TO SHIPMENT.

jc

SITE SELECTION: ☐ SHEFFIELD, ILLINOIS ☐ BEATTY, NEVADA

STATE WS# _____ NECO WS#

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

STATE EPA GENERATOR ID NUMBER _____

ADDRESS _____

TELEPHONE A/C _____

STATE EPA WASTE
HAULER # _____

N
10

WASTE DESCRIPTION

LAB NAME _____ DATE OF ANALYSIS _____

WASTE STREAM NAME

11 50

PROCESS GENERATING WASTE

51 90

E
10

EPA HAZARDOUS WASTE NUMBERS

11 14	15 18	19 22	23 26	27 30
31 34	35 38	39 42	43 46	47 50
51 54	55 58	59 62	63 66	67 70

* ☐ ADDITIONAL EPA HAZARDOUS WASTE NUMBERS ATTACHED
71

W
10

KEY COMPONENTS

PERCENT

SAMPLE EXPECTED RANGE

	SAMPLE	EXPECTED	RANGE
1	11 12 41 42 45 46 48 49 51		
	52 81 82 85 86 88 89 91		
2	11 12 41 42 45 46 48 49 51		
	52 81 82 85 86 88 89 91		
3	11 12 41 42 45 46 48 49 51		
	52 81 82 85 86 88 89 91		

☐ ADDITIONAL KEY COMPONENT DESCRIPTION ATTACHED

ANALYTICAL TECHNIQUE(S) USED _____

P
10

WASTE PROPERTIES

WASTE COMPOSITION

- ☐ 1. ORGANIC
☐ 2. INORGANIC
☐ 3. BOTH ORGANIC & INORGANIC

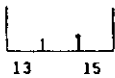
11

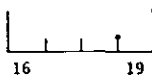
WASTE STATE

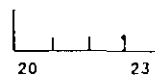
- ☐ 1. SOLID
☐ 2. LIQUID

12

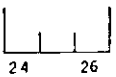
____ VISCOSITY (Centipoise)

pH 

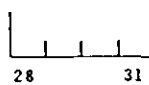
PERCENT ACIDIC 

PERCENT ALKALI 

ANALYTICAL TECHNIQUE _____

FLASHPOINT  °F

ANALYTICAL TECHNIQUE _____

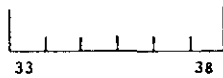
DENSITY 

- ☐ 1. lbs/gallon (LIQUIDS)
☐ 2. lbs/cu. ft. (SOLIDS)

32

SHIPPING INFORMATION

ANTICIPATED ANNUAL VOLUME



- ☐ 1. GALLONS
☐ 2. CU. FT.

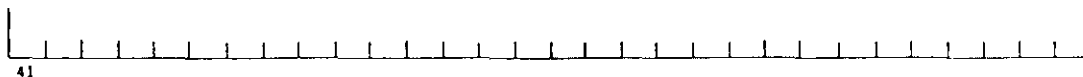
39

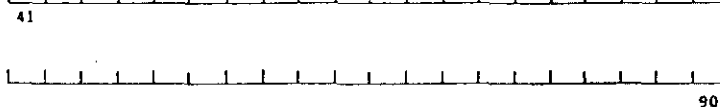
TRANSPORT FREQUENCY

- ☐ 1. DAILY
☐ 2. WEEKLY
☐ 3. MONTHLY
☐ 4. ANNUALLY
☐ 5. ONE TIME

40

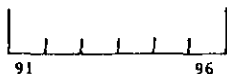
DOT PROPER SHIPPING NAME





90

DOT UN/NA CODE



91

96

DOT HAZARD CLASSES APPLICABLE (101 - 120)

- | | | | | | |
|-----------------------------|------------------|-----------------------------|------------------|-----------------------------|-------------|
| <input type="checkbox"/> 01 | COMBUSTIBLE | <input type="checkbox"/> 08 | FLAMMABLE SOLID | <input type="checkbox"/> 15 | POISON B |
| <input type="checkbox"/> 02 | CORROSIVE | <input type="checkbox"/> 09 | IRRITATING AGENT | <input type="checkbox"/> 16 | RADIOACTIVE |
| <input type="checkbox"/> 03 | ETIOLOGIC AGENT | <input type="checkbox"/> 10 | NONFLAMMABLE GAS | <input type="checkbox"/> 17 | ORM-A |
| <input type="checkbox"/> 04 | EXPLOSIVE A | <input type="checkbox"/> 11 | ORGANIC PEROXIDE | <input type="checkbox"/> 18 | ORM-B |
| <input type="checkbox"/> 05 | EXPLOSIVE B | <input type="checkbox"/> 12 | ORM-E | <input type="checkbox"/> 19 | ORM-C |
| <input type="checkbox"/> 06 | FLAMMABLE GAS | <input type="checkbox"/> 13 | OXIDIZER | <input type="checkbox"/> 20 | ORM-D |
| <input type="checkbox"/> 07 | FLAMMABLE LIQUID | <input type="checkbox"/> 14 | POISON A | | |

121

PACKAGES WILL CONTAIN REPORTABLE QUANTITY OF A HAZARDOUS SUBSTANCE

PROPOSED PACKAGING

I certify and warrant that the above waste stream identification for the materials offered for disposal as appears on this form, and any attachments or supplements, is true and correct. I further certify and warrant that the identification is the result of an analysis of a representative sample obtained and analyzed in accordance with procedures specified by the U.S. Environmental Protection Agency.

Authorized Signature _____

Name _____

Date _____ Title _____

FOR NECO USE ONLY

Date of Technical Approval _____ Approved by _____ Expiration Date _____ Contract # _____	Q.A. Requirements: _____ _____ _____ _____
Special Handling / Safety Requirements: _____ _____ _____ _____	Compatibility Requirements: _____ _____ _____ _____



Nuclear Engineering Company, Inc.

9200 SHELBYVILLE ROAD, SUITE 526 • P O BOX 7246

LOUISVILLE, KENTUCKY 40207 PHONE (502) 426-7160

December 2, 1980

Dear Customer:

Nuclear Engineering Company will continue to accept for disposal ignitable liquids as defined in Resource Conservation and Recovery Act (RCRA) and regulations promulgated thereunder. We believe that this is acceptable providing the liquids are disposed of in the container in which they were shipped and that these containers meet all applicable Department of Transportation (DOT) Specifications. By assuring compliance with DOT regulations, the "waste stream" (liquid and containers) is rendered not ignitable. We further believe that this complies with the performance criteria set forth in RCRA.

To ensure the success of this procedure, we request that you review the applicable DOT regulations. In order that we may assure full compliance, it is necessary that you sign and return the attached agreement prior to shipments of your first such waste stream. Please note that you will find those applicable DOT sections referenced in the agreement. This agreement is to be signed by all generators and in the event a broker is involved in handling your waste, then the broker must also sign the agreement.

Your cooperation now and when shipping ignitables in the future is and will be appreciated and necessary in order for us to continue to service these types of waste streams.

Sincerely yours,

Gerald J. Raque
Manager
Chemical Sales

GJR:jc

_____, by its undersigned
(Name of Company)
authorized agent, acknowledges that the containers being
used for shipment of any ignitable liquid waste as defined
in 40 CFR 261.21 Subpart C are to be utilized by Nuclear
Engineering Company, Inc. as a means of rendering that
waste not ignitable prior to landfilling in compliance
with 40 CFR 265.313 Subpart N.

_____, further acknowledges
that in order for the containers to be used by Nuclear
Engineering Company, Inc. for such purposes, these contain-
ers must meet Department of Transportation Regulations
49 CFR 173.115-173.119 Subpart D for new containers and
49 CFR 173.28 for reused containers.

_____, certifies and warrants
by its authorized agent that the above referenced regulations
have been reviewed and understood and that all future ship-
ments of containerized ignitable liquids, by _____,
shall be in conformance with these regulations and all other
regulations applicable to the shipment of containerized
ignitable liquids.

Authorized Signature

Title

Date

RETURN COMPLETED FORM TO:

P. O. BOX 7246
LOUISVILLE, KY. 40207

Nuclear Engineering Company, Inc.



interoffice



National Electronics 9-22-80
to U.S. Manufacturing Facilities GENEVA, ILL.
from Carl Schoder ext. 3080
date September 3, 1980
subject Review of Hazardous Waste Management Plans

Corporate Plant Facilities will be visiting all Varian manufacturing facilities during the month of September. The purpose of the visit is to review hazardous waste management plans. This review is being made to facilitate our compliance with the EPA hazardous waste regulations which go into effect on November 19, 1980.

Your cooperation and assistance in making this review will be appreciated. One of the following persons will be scheduling a visit with your facility during the month of September:

W. Kranzthor
C. Clemm
C. Schoder
E. Wolovich

The attached lists covers the information which is desired.

CS/lrs

To Bub Hoek
From Carl Schoder

Lamont Walker is well informed and gave me an informative tour. I recommend the following:

1. that the three treatment lagoons be fenced to prevent unauthorized access.
2. that waste chemical storage areas be improved with concrete slabs and curbs to prevent seepage of spill material into the ground
3. That regular (monthly) samples be taken of the influent to lagoon No. 1 to see if it is non-hazardous per EPA definition.

CC: Lamont Walker ✓

HAZARDOUS WASTE MANAGEMENT

- 1.0 Person responsible for hazardous waste management at this facility.

Name: Lamont Walker

Position: Engineer / safety administrator

- 2.0 Identify present procedures for the following and modifications required for compliance with EPA hazardous waste regulations effective November 19, 1980:

- 2.1 Labeling of wastes and type of hazards.

Using EPA and DOT labels including hazard type.

- 2.2 Separation and storage of incompatible hazardous waste, e.g. are acids, cyanides, flammables separated.

materials are separated according to compatibility. recommend that acids and solvents be stored on ~~site~~ concrete pads with curbs to prevent accidental spills into ground.

- 2.3 Containerizing or packaging per DOT regulations (CFR Part 173).

*Use DOT 6D, 37M, 417E
obtaining reconditioned drums and reusing empties for same material as received. Noted two instances of drums being used for other than original material*

- 2.4 Dating all hazardous waste containers as to date generated.

Started dating containers within the last month. Plan to date containers when filled.

- 2.5 Verification that waste haulers have an EPA Identification Number and any required local or state registration.

VECO has IEPA license
which Record and Reclamation has IEPA Registration
plan to write the above to obtain EPA ID numbers

- 2.6 Verification that disposal sites have an EPA Identification Number and are complying with local, state, and federal regulations.

Same as above; disposer is also hauler.

- 2.7 Use and filing of hazardous waste manifests. Recording of information required, including quantities and types of hazardous wastes generated, to complete EPA Annual Report (Form 8700-13). Does not apply to small generators.

IEPA supplies manifests. Files kept by account for annual report

- 2.8 Matching of generator and disposer copies of manifests and follow-up of unmatched manifests per EPA regulations. Does not apply to small generators.

Is presently matching generator and disposer copies.
Have not had any problem with unmatched manifests

- 2.9 Preventing the discharge of untreated hazardous wastes to sewer systems.

workers seem well informed on proper disposal.
Several waste containers available for disposition
of acid and solvent wastes

3.0 Identify present procedures for the following:

3.1 Labeling of PCB transformers and capacitors.

~~Most~~ PCB items are labeled except for the ~~at~~ recently discovered capacitors. Lamont should follow-up on the labeling of these capacitors.

3.2 Inventorying of PCB transformers and capacitors.

will identify on inventory of labeled items whether known or suspect only as to PCB contents.

3.3 Maintaining EPA required records of PCB transformers and capacitors in service and disposed of each calendar year.

1978 and 1979 annual reports on file.

3.4 Disposal of PCB transformers and capacitors in compliance with EPA regulations.

None removed from service. Lamont is aware of proper disposal procedures.

4.0 Identify present procedures for monitoring local and state hazardous waste regulations.

Lamont is in contact with state and local governments should establish a practice of all ~~state and local~~ requests for ^{environmental} information be reviewed by Lamont.

- 5.0 For facilities which treat, store (longer than 90 days) or dispose of hazardous wastes onsite, have permit applications been received?
Are you aware of requirements to apply for permits by November 19, 1980?

Has received permit application. Should investigate whether influent to lagoon No. 1 is a hazardous waste or not by having several representative samples analyzed.

- 6.0 Determine if the facility is preparing a written hazardous waste control plan and if plan will include emergency spill response.

has instruction on labeling of hazardous wastes
will prepare general written plan.

Varian / National Division / P.O. Box 269 / Geneva / Illinois 60134
Tel. (312) 232-4300
Twx: 910-237-1685



May 29, 1980

Ms. Vicki Lenz
NUCLEAR ENGINEERING CO., INC.
9200 Shelbyville Road
Suite 526 - P. O. Box 7246
Louisville, Kentucky 40207

Dear Vicki:

Please find attached the Illinois Environmental Protection Agency form application for the removal of our cyanide plating solution. Also attached is a lab analysis of the solution. The data on the lab report includes the percentage of each component in the solution and the PH level.

I have taken the liberty to add the approximate parts per million of each component since I believe you require that information as well.

If you have any questions or require further information before forwarding the application to the I.E.P.A., please call me or Mark Peterson.

Very truly yours,

LaMonte C. Walker
Engineer/Safety Administrator

LCW:iem

Enclosures

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND/NOISE POLLUTION CONTROL
SPECIAL WASTE DISPOSAL APPLICATION

CARD TYPE DATE 5/29/80 L P S W C AUTHORIZATION NUMBER 8 13 TRANS CODE 14 DATE ENTERED (Agency Use) 15 16 / 17 18 / 19 20

WASTE HAULER

1 6 HAULER REGISTRATION NUMBER 21 24 NAME 25
8 7 ADDRESS 26 COMMUNITY 27
COUNTY 28 STATE 29 ZIP 30 AREA CODE 31 TELEPHONE 32

WASTE GENERATOR

GENERATOR CODE 0898990001 G NAME VARIAN/NATIONAL
ADDRESS Keslinger Road COMMUNITY LA FOX
COUNTY KANE STATE IL ZIP 60147 AREA CODE 312 TELEPHONE 232-4300
GENERATOR CONTACT NAME MARK PETERSON
DUNS NUMBER 00-912-0817 SIC CODE 367300

2 0 PROCESS NAME PLATING 21 80

WASTE CHARACTERISTICS

GENERIC WASTE NAME PLATING SOLUTION 81 80

4 0 IUPAC WASTE NAME 21 50

TOTAL ANNUAL WASTE VOLUME 55 80 VOLUME UNITS 2 81 WASTE PHASE 3 82

TRANSPORT FREQUENCY 83 WASTE CLASS (Agency Use) 84 85 1 = CUBIC YARDS 1 = SOLID
2 = GALLONS 2 = SEMI-SOLID
3 = LIQUID
4 = GAS

1 = ONE TIME 5 = MONTHLY
2 = DAILY 6 = BI-MONTHLY
3 = WEEKLY 7 = QUARTERLY
4 = BI-WEEKLY 8 = SEMI-ANNUALLY

(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):

5 0 INHALATION TOXICITY 3 21 DERMAL TOXICITY 1 22 INGESTIVE TOXICITY 3 23 INFECTIOUS 24 REACTIVITY 3 25 EXPLOSIVE 26

FLASH POINT 27 30 °F ALPHA RADIATION 31 36 (pCi/L) COMPOSITION 37

1 = ORGANIC
2 = INORGANIC

PERCENT ACIDITY 38 40 PERCENT ALKALINITY 41 43 pH 9.3 44 48 PERCENT TOTAL SOLIDS 47 51 PERCENT ASH CONTENT 52 55

6 0 KEY COMPONENT NAME 21 22 PERCENT 43 44 KEY COMPONENT NAME 47 48 PERCENT 70 71

1	WATER	43	44	2	SODIUM HYDROXIDE	70	71
3	COPPER CYANIDE	43	44	4	SODIUM CYANIDE	70	71
5	CYANIDE	43	44	6	COPPER	70	71

* See attached lab analysis.

DATE ENTERED
(Agency Use)

WASTE CHARACTERISTICS

$\frac{7}{8}$	METAL KEY	TOTAL	(PPM)	LEACH	(PPM)	METAL KEY	TOTAL	(PPM)	LEACH	(PPM)
CN	<u>0 1</u>	23	.	30	31	Cu	<u>0 2</u>	41	.	48 49
Ag	<u>0 3</u>		.		.	Hg	<u>0 4</u>		.	.
As	<u>0 5</u>		.		.	Ni	<u>0 6</u>		.	.
Ba	<u>0 7</u>		.		.	Pb	<u>0 8</u>		.	.
Cd	<u>0 9</u>		.		.	Se	<u>1 0</u>		.	.
Cr	<u>1 1</u>		.		.	Zn	<u>1 2</u>		.	.
		
		

8 0 LABORATORY NAME _____
6 7 21 _____ 40 _____
CERTIFICATION NUMBER _____ 41 _____ 50 _____
REVIEWED BY: _____ 61 _____ 63 / _____ 64 _____ 66

8 0 1 SITE CODE _____ SITE NAME _____
 6 7 21 _____ 22 _____ 29 _____
 DISPOSAL METHOD _____ NEUTRALIZATION METHOD _____
 30 31 _____ 32 33 _____
 STATUS _____ START DATE _____ / _____ / _____ EXPIRATION DATE _____ / _____ / _____
 34 _____ 35 36 _____ 37 38 _____ 39 40 _____
 SIGNATURE _____ SIGNATURE _____
 (SITE OWNER) (SITE OPERATOR)

2 SITE CODE SITE NAME
21 22 29

DISPOSAL METHOD NEUTRALIZATION METHOD
36 37 37 38

STATUS START DATE EXPIRATION DATE
34 35 36 37 38 39 40 41 42 43 44 45 46

SIGNATURE SIGNATURE
(SITE OWNER) (SITE OPERATOR)

3 SITE CODE SITE NAME
 21 22 29
 DISPOSAL METHOD NEUTRALIZATION METHOD
 30 31 32 33
 STATUS START DATE / / EXPIRATION DATE / /
 34 35 36 37 38 39 40 41 42 43 44 45 46
 SIGNATURE SIGNATURE
 (SITE OWNER) (SITE OPERATOR)

4 SITE CODE SITE NAME
 21 22 29
 DISPOSAL METHOD NEUTRALIZATION METHOD
 30 31 32 33
 STATUS START DATE / / EXPIRATION DATE / /
 34 36 36 37 38 39 40 41 42 43 44 45 46
 SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

5 SITE CODE SITE NAME
21 22 29
DISPOSAL METHOD NEUTRALIZATION METHOD
30 31 32 33
STATUS START DATE / / EXPIRATION DATE
34 35 36 37 38 39 40 41 42 43 44 45 46
SIGNATURE SIGNATURE
(SITE OWNER) (SITE OPERATOR)



ENVIRO-TEST, INC.

319 OGDEN AVENUE
DOWNERS GROVE, ILLINOIS 60515
(313) 963-4672

CERTIFIED LABORATORY REPORT

Attention Mr. LaMonte Walker Date received 5/14/80
Company National Electronics (VARIAN/NATIONAL) Date completed 5/23/80
Division _____ P.O.# _____
Address P.O. Box 269 (KESLINGER ROAD LA FOX, IL 60147)
City Geneva State Illinois Zip 60134

Analysis #	Sample Identification	Date
C1330	Cyanide Solution	

SAMPLE		C1330	PPM			
% CN as Copper Cyanide		.017%	170			
% CN as Sodium Cyanide		.015%	150			
% Sodium Hydroxide		.05%	500			
% H ₂ O		99.82%	9982.00			
ph		9.3				
% Cyanide		.008	80			
% Copper		.011	110			

ALL RESULTS IN mg/l UNLESS OTHERWISE NOTED

Testing is in accordance with procedures outlined in:

1. Standard Methods for the Examination of Water and Wastewater, APHA-AWWA-WPCF, 14th ed., 1976.
2. Methods for Chemical Analysis of Water and Wastes, EPA, 1974
3. "Water, Atmospheric Analysis", Part 31 ASTM Standards, 1976

Comments:

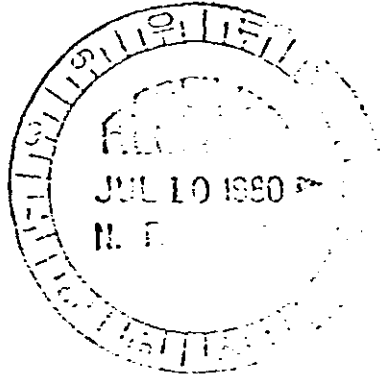
CN is Cyanide.

Certified by: R. J. Jakubiec Date: 5/23/80
R. J. Jakubiec, PhD, President and Laboratory Director

Checked and Approved by: _____ Date: _____



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460



JUL 07 1980

*JMK
Hansen
Wk to coord
reply with yr*

VARIAN ASSOCIATES
611 Hansen Way
Palo Alto, CA 94303

Attention: Mr. Norman F. Parker, President

In the spring of 1978, the Environmental Protection Agency initiated a survey prior to development of water pollution effluent limitations and standards for the Metal Finishing (Electroplating and Mechanical Products) Point Source Category. It was subsequently found that the evaluation of long-term performance of metal finishing treatment systems requires more extensive monitoring data. Thus, a decision was reached to perform a follow-up survey.

To supplement the data obtained to date, the Agency is requesting submittals of long-term self monitoring data. Specifically, we are asking you to provide to us historical sampling and analysis results of your plant's wastewater streams.

The data submitted should be for all sampling and analysis conducted over the past twelve months of operation and include for each day of sampling:

- 1) Date - the day the sample was taken.
- 2) Flow Rate - for the date of sampling. If this is not available, an average process water flow rate, during the period (week, month, or year) the sample was taken will suffice.
- 3) If cyanide wastes are treated separately, the percentage of the process wastewater flow which is treated for cyanide.
- 4) Type of Sample - grab or composite.
- 5) Effluent Concentrations - for all parameters monitored.
- 6) Influent Concentrations - if available, data on all parameters monitored into or within the treatment system, and the sampling location.
- 7) If analysis performed on any parameter is done by a method other than an approved EPA method, please indicate.

Generally, these data are reported in aggregate form for State, Federal or municipal requirements. For this follow-up study, however, the individual observations are required for statistical analysis. Thus, we are requesting that you send us a photocopy of your plant's monitoring logs for the last twelve months.

It is important for the Agency to know if there have been any changes in your process or treatment system that might affect the data. If any changes were implemented since your portfolio was submitted in 1978, please provide a brief description and the date of the changes. Any explanations for extremely high or low effluent concentrations would also be helpful.

Thank you for your cooperation with us on this study. We believe that any further data provided by your firm will assist the Agency in setting the most equitable and realistic effluent limitations for your plant's industrial category. Within 30 days from the receipt of this letter, please send all data to:

Mr. Dwight Hlustick
Environmental Protection Agency
Effluent Guidelines Division
401 M Street, SW (WH-552)
Washington, DC 20460

Should you have any questions with regard to this request, please contact EPA's contractor for this study, Mr. Donald Smith of Hamilton Standard, Windsor Locks, Connecticut at (203) 623-1621 extension 4868.

Sincerely yours,



Robert B. Schaffer
Director
Effluent Guidelines Division
(WH-552)

cc: Donald Smith
Hamilton Standard



varian

August 26, 1980

Mr. Dwight Hlustick
Environmental Protection Agency
Effluent Guidelines Division
401 M Street, SW (WH-552)
Washington, DC 20460

Re: U.S. Environmental Protection Agency
Metal Finishing Point Source Category Survey

Dear Mr. Hlustick:

The enclosed data is submitted in reply to EPA letter from Robert B. Schaffer to Norman Parker dated July 7, 1980, requesting sampling and analytical data for the development of water pollution and effluent limitations and standards for metal treatment systems.

Varian Associates has eight operations which submitted in 1978 information in response to an EPA survey. The present submittal is divided into one section for each operation. However, four of these operations share wastewater treatment facilities. Where facilities are shared, effluent data is not duplicated, but reference is made to the appropriate section.

Specifically, CTC, a subsidiary of Varian Associates, Inc., shares wastewater treatment facilities with the Eimac Division at San Carlos, California. The Microchannel Plate Operation shares wastewater treatment facilities with the Palo Alto Microwave Tube Division at Palo Alto, California.

As requested in Paragraph 2, Page 2, of the EPA Letter, any changes in electroplating processes are reflected in the appropriate section of this submittal.

Varian Associates, Inc., considers this report to contain proprietary information. Such information is not to be disclosed or released publicly without express prior written approval of Varian Associates, Inc., in accordance with provisions of 40 CFR Part 2, Subpart B, 41 Federal Register, dated September 1, 1976.

It is our desire to submit a thoroughly responsive reply. If there are any questions or comments in regard to any of the operations or if any clarification is necessary, please feel free to contact me.

Sincerely,

Milton D. Siegel
Director, Product Regulatory Affairs

CS/1s

Enclosures: "Information on self-monitoring data of Electroplating Wastewater Streams."

Enclosures: Palo Alto Microwave Tube Division/MCP Operation (Bldg. 2), Palo Alto, California; Instruments Division (Bldg. 4), Palo Alto, California; Eimac Division (Eimac and CTC), San Carlos, California; National Electronics Division, Geneva, Illinois; Varian Associates, Beverly Division, Salem Road, Beverly, Massachusetts; Eimac Division, Salt Lake City, Utah.

Prepared for the United States Environmental Protection Agency
submitted by Varian Associates, Inc., 611 Hansen Way, Palo Alto,
California, 94303, August 25, 1980.

cc: Cover letter only not including extensive enclosure.

N. Parker, Varian

W. Kranzthor, Varian

~~_____~~ C. Schaffer, Varian

R. B. Schaffer, USEPA

D. Smith, Hamilton Standard

INFORMATION ON SELF-MONITORING DATA
OF ELECTROPLATING WASTEWATER STREAMS

Prepared for
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Submitted by
Varian Associates, Inc.
611 Hansen Way
Palo Alto, California 94303

August, 1980

Varian Associates, Inc., considers this report to contain proprietary information. This information is not to be disclosed or released publicly without prior written approval of Varian Associates, Inc., in accordance with the provisions of 40 CFR Part 2, Subpart B, 41 Federal Register, dated September 1, 1976.

Enclosures: Palo Alto Microwave Tube Division/MCP Operation (Bldg. 2), Palo Alto, California; Instruments Division (Bldg. 4), Palo Alto, California; Eimac Division (Eimac and CTC), San Carlos, California; National Electronics Division, Geneva, Illinois; Varian Associates, Beverly Division, Salem Road, Beverly, Massachusetts; Eimac Division, Salt Lake City, Utah.

Prepared for the United States Environmental Protection Agency
submitted by Varian Associates, Inc., 611 Hansen Way, Palo Alto,
California, 94303, August 25, 1980.

cc: Cover letter only not including extensive enclosure.

N. Parker, Varian
W. Kranzthor, Varian
C. Schoder, Varian
R. B. Schaffer, USEPA
D. Smith, Hamilton Standard

INFORMATION ON SELF-MONITORING DATA
OF ELECTROPLATING WASTEWATER STREAMS

Prepared for
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Submitted by
Varian Associates, Inc.
611 Hansen Way
Palo Alto, California 94303

August, 1980

Varian Associates, Inc., considers this report to contain proprietary information. This information is not to be disclosed or released publicly without prior written approval of Varian Associates, Inc., in accordance with the provisions of 40 CFR Part 2, Subpart B, 41 Federal Register, dated September 1, 1976.

interoffice



to : Ed Wolovich
from : L.C. Walker *LCW* ext. 202
date : August 15, 1980
subject : Supplement to Special EPA Effluent Monitoring
Data Ref. Tele. Call 8.15.80

All waste water leaving the facility goes into the settling tanks (see attached) and then through the three (3) lagoons swage system. The waste water goes through chlorination before being discharged to Mill Creek. The waste stream eventually enters the Fox River.

Analytical testing: All methods of sample collection preservation and analysis are in accord with those prescribed in "Standard Methods for the Examination of Water and Waste Water". 13th Edition.

LCW/le
Attached

ENVIRONMENTAL PROTECTION AGENCY

WATER QUALITY

DIVISION OF WATER POLLUTION CONTROL

WASTE TREATMENT WORKS EFFLUENT SAMPLING FORM

SAMPLE COLLECTED BY

H. Wassel Present

LOCATION OF SAMPLING POINT

725 AUG 19 1977 0024333 -003

R. C. Taylor

STP. 7934

NATIONAL ELECTRONICS - GRAB

ILLINOIS R.

FOX R.

TRIBUTARY

Direct

MINOR TRIBUTARY

Mill Creek North

END ORIGINAL RESULTS TO

Maywood - Aurora

SUB-BASIN OFFICE

PERFORMANCE MEASUREMENT SECTION SPRINGFIELD

SEND COPY OF EDP SERVICES RESULTS TO

SECTION SPRINGFIELD

CARD COL.

1

CARD NO. 1

CARD COL.

2

CARD NO. 2

CARD COL.

3

CARD NO. 3

DIEA

BASIN CODE

6-7

08

PLANT OR STATION NO.

8-10

089

FIPS COUNTY CODE (USE ONLY FOR PLAN)

C000725

LAB ID NO.

11-17

C000725

LAB ID NO.

11-17

C000725

LAB ID NO.

E

SAMPLE TYPE CODE (SEE LIST BELOW)

18

E

SAMPLE TYPE CODE

18

E

SAMPLE TYPE CODE

19-20

77

YEAR

21-22

08

MONTH

23-24

18

DAY

25-26

11

HOUR (NEAREST)

27

A

TIME OF DAY (A.M./P.M.)

28-30

075

WATER TEMPERATURE (DEG. F.)

31-33

FIELD D.O.

34-36

0.4

TOTAL PHOSPHORUS

37-40

0.03

AMMONIA N

41-44

*

NITRATE N

45-48

NITRITE AS N

49-52

0.04

FECAL COL. (NO./100ML)

53-59

0.04

CADMIUM

60-63

652

COPPER

64-66

11

CYANIDE

67-69

IRON (TOTAL)

70-72

IRON (DISSOLVED)

73-76

652

LEAD

77-79

11

MANGANESE

80-82

MERCURY (MICROGM/L)

83-86

NICKEL

87-89

SELENIUM

90-92

SILVER

93-96

ZINC

PLANKTON (NO./ML)

19-23

FLUORIDE

24-26

CHLORIDE

27-30

SULFATE AS SO4

31-34

TOTAL SULFUR AS S

35-38

OIL

39-42

M.B.A.S.

43-46

CARBON CHLOROFORM EXTRACT

47-50

TURBIDITY (UNITS)

51-54

RESIDUE ON EVAPORATION

55-58

VOLATILE SUSP. SOLIDS

59-62

COLOR (UNITS)

63-65

HARDNESS

66-68

ALKALINITY

69-71

TOTAL ACIDITY

72-74

FREE ACIDITY

75-77

OTHER TESTS REQUIRED

RESULT

ALL RESULTS EXPRESSED AS MG/L EXCEPT WHERE OTHERWISE STATED.

PHYSICAL OBSERVATIONS & COMMENTS (ABNORMAL COLOR, ODOR, FLOATING MATTER, OIL, SLUDGE, TURBIDITY, WEATHER, LOCATION OF SAMPLING POINT)

Effluent fairly clear. Est flow 0.008 MGD. No Cr test. CWD lagoon. Noted minor pollutions.

Sunny 62°F Wind NW 10-15 MPH

DOMESTIC WASTE ONLY

INDUSTRIAL WASTE ONLY

MIXED DOMESTIC & INDUSTRIAL WASTE

STREAM LAKE OR RECEIVING WATER QUALITY

MINE DRAINAGE OR WASTE

OTHER OR TYPE UNKNOWN

SIGN BELOW FOR EFFLUENT SAMPLE

REPORTED BY

R. C. Taylor

RECEIVED BY

TIME

TRANSPORTED BY

RECEIVED BY

TIME

FOR LABORATORY USE ONLY

SAMPLE RECEIVED BY

R Knowles

DATE REC'D

9-19-77

TIME REC'D

10:15

DATE ANALYSES COMPLETED

9-1-77

DATE RESULTS FORWARDED

9-2-77

TOTAL TESTS REQUESTED

14

TESTS RUN

14

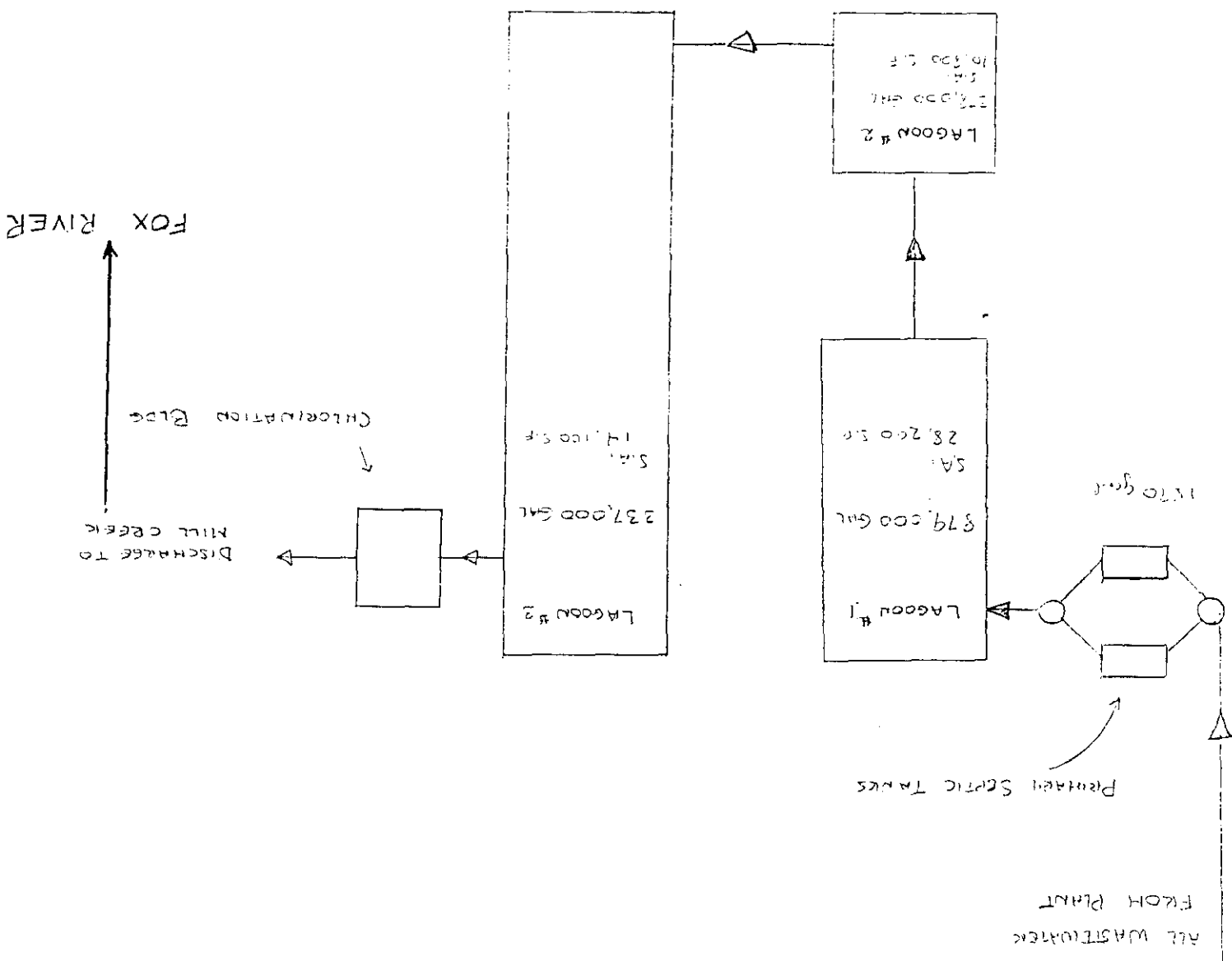
LAB SECTION

Chicago

SUPERVISOR

Daugherty

100% RECEIVED FROM



interoffice



to Ed Wolovich
from LaMonte Walker *lw*

ext. 202

date August 7, 1980

subject Special EPA Request Effluent Monitoring Data

Enclosed please find the information Carl Schoder requested. In reference to item #3 of Carl's memo (explanation of any changes in our electroplating processes or waste water treatment since 1976), we no longer neutralize the waste water with caustic. This is due to the fact that we have significantly reduced the amount of acids used in our etching stations. The reduction of acids is the result of acid recirculation systems as well as discontinuing certain product types.

I have enclosed a copy of our electroplating operations that we submitted in 1978 with current information noted on it where there have been changes.

If you have any questions or require further information, please contact me by August 15 th as I will out of the plant the following two weeks; or contact Harry Haase at 312/232-4300 ext. 237 after the 15 th.

LCW/dw

Enclosure

Monitoring Data Covering Period from 7/1/79 to 6/30/80

ELECTROPLATING OPERATION EFFLUENT/INFLUENT DATA¹

Date of Sample	Flow Rate	% CN Flow	Type of Sample		Effluent/Influent Parameter										Method of Analysis
			Grab	Comp. ²	BOD	TSS	NH ₃ (N)	F. Col.	pH						
	MGD				mg/l	mg/l	mg/l	ct/100 ml.							
7/25/79	.002		X		1	14	0.26	20	7.0						EPA
8/20/79	.0036		X		2.1	65	.04	1600	7.4						
9/12/79	.003		X		2	23	0.22	10	7.0						EPA
10/22/79	.005		X		4	12	0.26	10	8.2						EPA
11/27/79	.004		X		1	35	1.9	20	8.6						EPA
12/17/79	.002		X		3	60	1.1	10	8.8						EPA
1/23/80	.003		X		39	60	1.2	20	7.6						EPA
2/26/80	.007		X		54	26	2.1	20	7.2						EPA
3/24/80	.007		X		60	68	1.3	20	7.8						EPA
4/17/80	.007		X		31	49	0.76	20	8.4						EPA
5/29/80	.004		X		17	36	0.35	20	8.4						EPA
6/23/80	.004		X		6	6	0.13	20	8.8						EPA

1. Use separate sheet for each effluent or influent.

2. Indicate whether time proportional (TP) or flow proportional (FP)

Prepared By Lamont Walker

IDENTIFICATION CODE FOR EFFLUENT PARAMETERS
DISCHARGE MONITORING REPORT-VARIAN/NATIONAL

50050 - Flow in MGD
00310 - BOD₅
00530 - Total Suspended Solids
00610 - Ammonia as Nitrogen
31616 - Fecal Coliform
00400 - pH
00010 - Temperature
00300 - Dissolved Oxygen

REPORTING PERIOD 7-1-79 TO 7-31-79

DISCHARGE 001

	7/5/79	7/11/79	7/18/79	7/25/79	#
FLOW	20	.002	.0021	.002	/
BOD5	2	/	/	1	/
SUS. SOLIDS	12	/	/	14	/
AMMONIA N	1	/	/	.26	/
FECAL COL	1	/	/	<20	/
PH		7.0	7.0	7.0	/

DISCHARGE 002

	7/5/79	7/11	7/18/79	7/25/79	
FLOW	0	0	0	0	/
TEMP	/	/	/	/	/

200/209 200/209 200/209 200/209

DISCHARGE 003

	7/5/79	7/11/79	7/18/79	7/25/79	
FLOW	0	.004	.004	.003	/
TEMP.	/	24.4	23.3	24.4	/



ENVIRO-TEST, INC.

319 Ogden Avenue
Downers Grove, Illinois 60515
(312) 963-4672

LABORATORY REPORT

Client Mr. H. Haase Date received 7/29/79
Company National Electronics Date completed 8/1/79
Division _____ P.O.# 72595
Address P.O. Box 269
City Geneva State Illinois Zip 60134

Analysis #	Sample Identification	Date
B6163	July sample for coliforms and wastewater	

Comments: LT means less than. * Possible biocide present.

SAMPLE	6163				SAMPLE	6163			
Acids, Organic & Volatile					Manganese				
Acidity, as CaCO ₃					Mercury, ug/l (ppb)				
Alkalinity, phthin, as CaCO ₃					Molybdenum				
Alkalinity, total, as CaCO ₃					Nickel				
Aluminum					Nitrogen, ammonia, as N	.26			
Arsenic					Nitrogen, organic, as N				
Barium					Nitrogen, total, as N				
Beryllium					Nitrate, as N				
Bicarbonate					Nitrite, as N				
BOD, 5 day	1 *				pH				
BOD, ultimate					Phenols				
Bismuth					Phosphate, soluble, as PO ₄				
Boron					Phosphate, total, as PO ₄				
Bromide					Potassium				
Bromine					Selenium				
Bromine					Silica, as SiO ₂				
Carbon Dioxide, free					Silver				
Chloride					Sodium				
Chlorinated Hydrocarbons					Solids/Residue, total				
Chlorine					Solids, dissolved (filterable)				
Chromium					Solids, fixed				
Chromium, hexavalent					Solids, settleable				
Cobalt					Solids, suspended (non-filt.)	14			
COD					Solids, volatile				
Color, Co/Pt units					Specific gravity				
Conductivity					Strontium				
Copper					Sulfate, as SO ₄				
Cyanide, free					Sulfide, as S				
Cyanide, total					Sulfite, as SO ₂				
Dissolved Oxygen					Surfactants, MBAS				
EDTA					Tin				
Fluoride					Turbidity				
Grease & Oil					Vanadium				
Hardness, total, as CaCO ₃					Zinc				
Hydrocarbons					Other:				
Iron					Fecal Coliforms LT 20				
Iron, Dissolved					per 100 mls.				
Lead									
Lithium									
Magnesium									

ALL RESULTS IN mg/l UNLESS OTHERWISE NOTED

Testing is in accordance with procedures outlined in:

1. Standard Methods for the Examination of Water and Wastewater, APHA-AWWA-WPCF, 14th ed., 1976
2. Methods for Chemical Analysis of Water and Wastes, EPA, 1974
3. "Water, Atmospheric Analysis", Part 31, ASTM Standards, 1976

Analysed by: R. J. Jakubiec Date: 8/1/79
R. J. Jakubiec, Ph.D., President and Laboratory Director

Checked and Approved by: _____ Date: _____

VARIAN/NATIONAL
Box 269
Geneva IL 60136

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove union and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(12-13) IL ST	(14-16) 0024333 PERMIT NUMBER	(17-18) 001 DIS	(19-20) SIC	(21-22) LATITUDE	(23-24) LONGITUDE
REPORTING PERIOD: FROM		TO			
(25-26) 7/9 07 01 YEAR MO DAY		(27-28) 7/9 07 31 YEAR MO DAY			

PARAMETER		(3 card only)				UNITS	NO. EX	(4 card only)				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
50050	REPORTED	0	.0015	.002		0							1/1	GR	
	PERMIT CONDITION				MGD								1/2	GR	
00310	REPORTED								1			0	1/30	GR	
	PERMIT CONDITION							10	25		MG/L		1/10	GR	
00530	REPORTED								14			0	1/30	GR	
	PERMIT CONDITION							12	30		MG/L		1/30	GR	
00610	REPORTED								.26				1/30	GR	
	PERMIT CONDITION								1.5		MG/L		1/30	GR	
21416	REPORTED								<20		NO. / 1000	0	1/30	GR	
	PERMIT CONDITION								400		1/30		1/30	GR	
00400	REPORTED	7.0	7.0	7.0	STAND.	0							1/30	GR	
	PERMIT CONDITION	6.0	-	9.0	UNIT								1/30	GR	
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LOEB, EUGENE F. LAST FIRST MI	OPERATING MANAGER TITLE	7/9 07 06 YEAR MO DAY		

ORIGINAL

PAGE 1 OF 3

DISCHARGE MONITORING REPORT

Form Approved
O* 158-Ru073VIRGINIA/MAITLAND
Box 269
GREENSBORO ILL 60134

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(2-3) IL ST	(4-10) 0024333 PERMIT NUMBER	(11-12) 002 DIS	(13-14) SIC	(15-16) LATITUDE	(17-18) LONGITUDE
REPORTING PERIOD: FROM		(20-21) 7/9 YEAR	(22-23) 07 MO	(24-25) 01 DAY	TO
		(26-27) 7/9 YEAR	(28-29) 07 MO	(30-31) 31 DAY	

PARAMETER		(3 card only) QUANTITY					NO. EX	(4 card only) CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS					
50050	REPORTED			0	MGD	0							1/7	GR	
	PERMIT CONDITION												1/7	GR	
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST LOEB	FIRST EUGENE	MI E	TITLE OPERATIONS MANAGER	YEAR 7/9	MO 08		

VIRILIAN/WATSON
Box 269
GENEVE IL 60134

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
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8. Fold along dotted lines, staple and mail Original to office specified in permit.

(12-31) IL ST	(14-18) 002433 PERMIT NUMBER	(17-19) 003 DIS	(20-21) SIC	(22-23) LATITUDE	(24-25) LONGITUDE
REPORTING PERIOD: FROM		(26-27) 7/9 YEAR	(28-29) 07 MO	(30-31) 01 DAY	TO
		(32-33) 7/9 YEAR	(34-35) 07 MO	(36-37) 01 DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
50050	REPORTED	0	.0027	.004		MGD	0						1/7	64
	PERMIT CONDITION	-	-	-									1/7	64
80010	REPORTED	23.3	24.3	24.4		°C	0						1/7	64
	PERMIT CONDITION	-	-	32.2									1/7	64
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

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LAST	FIRST	MI	TITLE	YEAR	MO		
100	10000		10000	7/9	07	01	10000

TEMP.	24.4	22.4	24.4	22.5
FLOW	004	004	004	005
	8-1-79	8-1-79	8-1-79	8-1-79

DISCHARGE 003

TEMP				
FLOW	0	0	0	0
	8-1-79			

DISCHARGE 002

PH	7.6	7.2	7.4	7.0
FECAL COL				
AMMONIA N				
SUS. SOLIDS				
BOD5				
FLOW	003	003	004.1	005
	8-1-79	8-1-79	8-1-79	8-1-79

DISCHARGE 001

Report Period 8-1-79 to 8-31-79



ENVIRO-TEST, INC.

319 Ogden Avenue
Downers Grove, Illinois 60515
(312) 963-4672

LABORATORY REPORT

Attention Mr. H. Hoase Date received 3/21/79
Company National Electronics Date completed 3/29/79
Division _____ P.O.# 72595
Address P.O. Box 269
City Geneva State Illinois Zip 60515

Analysis #	Sample Identification	Date
<u>B6595</u>	<u>August sample for coliforms and wastewater tests.</u>	

Comments:

SAMPLE	6595				SAMPLE	6595			
Acids, Organic & Volatile					Manganese				
Acidity, as CaCO ₃					Mercury, ug/l (ppb)				
Alkalinity, phthin, as CaCO ₃					Molybdenum				
Alkalinity, total, as CaCO ₃					Nickel				
Aluminum					Nitrogen, ammonia, as N	<u>.40</u>			
Arsenic					Nitrogen, organic, as N				
Barium					Nitrogen, total, as N				
Beryllium					Nitrate, as N				
Bicarbonate					Nitrite, as N				
BOD, 5 day	<u>21</u>				pH				
BOD, ultimate					Phenols				
Bismuth					Phosphate, soluble, as PO ₄				
Boron					Phosphate, total, as PO ₄				
Calcium					Potassium				
Carbon Dioxide, free					Selenium				
Chloride					Silica, as SiO ₂				
Chlorinated Hydrocarbons					Silver				
Chlorine					Sodium				
Chromium					Solids/Residue, total				
Chromium, hexavalent					Solids, dissolved (filterable)				
Cobalt					Solids, fixed				
COD					Solids, settleable				
Color, Col/Pt units					Solids, suspended (non-filt.)	<u>65</u>			
Conductivity					Solids, volatile				
Copper					Specific gravity				
Cyanide, free					Strontium				
Cyanide, total					Sulfate, as SO ₄				
Dissolved Oxygen					Sulfide, as S				
EDTA					Sulfite, as SO ₂				
Fluoride					Surfactants, MBAS				
Grease & Oil					Tin				
Hardness, total, as CaCO ₃					Turbidity				
Hydrocarbons					Vanadium				
Iron					Zinc				
Iron, Dissolved					Other:				
Lead					Fecal Coliforms	<u>over 1500</u>			
Lithium					per 100ml.				
Magnesium									

ALL RESULTS IN mg/l UNLESS OTHERWISE NOTED

Testing is in accordance with procedures outlined in:

1. Standard Methods for the Examination of Water and Wastewater, APHA-AWWA-WPCF, 14th ed., 1976
2. Methods for Chemical Analysis of Water and Wastes, EPA, 1974
3. "Water, Atmospheric Analysis", Part 31, ASTM Standards, 1976

Conducted by: R. J. Jakubiec Date: 3/29/79
R. J. Jakubiec, PhD, President and Laboratory Director

Checked and Approved by: _____ Date: _____

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R-0073

VARIAN / NATIONAL
Box 269
Geneva IL

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
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4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

REPORTING PERIOD: FROM

7/2 018 011
YEAR MO DAY

TO

7/7 018 311
YEAR MO DAY

PARAMETER		(3 card only) QUANTITY (13-15) (16-18) (19-21)				UNITS	(162-63) NO. EX	(4 card only) CONCENTRATION (140-141) (142-143) (144-145)				(162-63) NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
50050	REPORTED	.004	.0044	.005	MGD	0						1/7	GR	
	PERMIT CONDITION	-	-	-										
00010	REPORTED	22.5	23.6	24.4	° C	0						1/7	GR	
	PERMIT CONDITION	-	-	32.2										
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST	FIRST	MI	TITLE	YEAR	MO		
LOER	EUGENE	F	CHIEF MANAGER	7/19	01	01	<i>Henry H. H. H.</i>

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

VARIAN/NATIONAL
Box 269
Geneva IL

INSTRUCTIONS

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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
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(2-3) IL ST	(4-16) 0024333 PERMIT NUMBER	(17-19) 22 DIS	(20-21) 79 YEAR	(22-23) 08 MO	(24-25) 01 DAY	(26-27) 79 YEAR	(28-29) 08 MO	(30-31) 01 DAY
		SIC	LATITUDE		LONGITUDE			

REPORTING PERIOD: FROM

TO

(32-37)

(38-40)

(41-43)

PARAMETER		(3 card only)				NO. EX	(4 card only)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
53050	REPORTED	0	0	0	MGD	0						1/7	GP
	PERMIT CONDITION	—	—	—								1/7	GP
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER

TITLE OF THE OFFICER

DATE

LOED EUGENE
LAST FIRST MI

F

OPER. MANAGER
TITLE

79 08 01
YEAR MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

ORIGINAL

PAC OF 3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 155-R0073

VARIAN/NATIONAL
Box 269
GENEVA IL 60134

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(2-3) IL ST	(4-16) 0024333 PERMIT NUMBER	(17-18) 001 DIS	(19) SIC	(20-21) 719 YEAR	(22-23) 08 MO	(24-25) 01 DAY	(26-27) 719 YEAR	(28-29) 08 MO	(30-31) 31 DAY
			LATITUDE		LONGITUDE				

REPORTING PERIOD: FROM

TO

PARAMETER		(3 card only)				NO. EX	(4 card only)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
50050	REPORTED	.003	.0036	.005	MGD	0					1/7	Gr	
	PERMIT CONDITION	-	-	-									
00310	REPORTED						-	-	21	HGL	0	1/20	Gr
	PERMIT CONDITION												
00530	REPORTED						-	-	651	HGL	1	1/20	Gr
	PERMIT CONDITION												
00610	REPORTED						-	-	0.4	MGL	0	1/20	Gr
	PERMIT CONDITION												
31616	REPORTED						-	-	1600	H/100 ML	1	1/20	Gr
	PERMIT CONDITION												
00400	REPORTED	7.0	7.3	7.6	STAND. UNIT	0					1/20	Gr	
	PERMIT CONDITION	6.0	-	7.0									
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER

TITLE OF THE OFFICER

DATE

LOEB EUGENE
LAST FIRST MI

DIR. MANAGER
TITLE

11/19/06
YEAR MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

ORIGINAL

PAGE 1 OF 3

Reportable Period 9-1-79 to 9-30-79

DISCHARGE 001

	7-8-79	9-12-79	9-1-79	7-26	
Flow	003	003	0041	004	
BOD5	/	2	/	/	
SUS. Solids	/	23	/	/	
AMMONIA & N	/	0.22	/	/	
FECAL COL	/	LT 10	/	/	
PH	7.2	7.0	7.2	7.2	

DISCHARGE 002

	"	"	"	"	
Flow	0	0	0	0	
TEMP	-	-	-	-	

DISCHARGE 003

	"	"	"	"	
Flow	005	005	005	005	
TEMP.	23.8	22.2	18.8	16.6	



ENVIRO-CEST, INC.

319 Oade Avenue
Downers Grove, Illinois 60515
(312) 963-4672

LABORATORY REPORT

Attention Mr. H. Haase Date received 9/18/79
Company National Electronics Date completed 9/26/79
Division _____ P.O.# 72595
Address P.O. Box 269
City Geneva State Illinois Zip 60134

Analysis #	Sample Identification	Date
B6943	Sample for wastewater and coliforms tests.	

Comments: LT means less than.

SAMPLE	6943				SAMPLE	6943			
Acids, Organic & Volatile					Manganese				
Acidity, as CaCO ₃					Mercury, ug/l (ppb)				
Alkalinity, phthin, as CaCO ₃					Molybdenum				
Alkalinity, total, as CaCO ₃					Nickel				
Aluminum					Nitrogen, ammonia, as N	0.22			
Arsenic					Nitrogen, organic, as N				
Barium					Nitrogen, total, as N				
Beryllium					Nitrate, as N				
Bicarbonate					Nitrite, as N				
BOD, 5 day	2				pH				
BOD, ultimate					Phenols				
Bismuth					Phosphate, soluble, as PO ₄				
Boron					Phosphate, total, as PO ₄				
Bromine					Potassium				
Calcium					Selenium				
Carbon Dioxide, free					Silica, as SiO ₂				
Chloride					Silver				
Chlorinated Hydrocarbons					Sodium				
Chlorine					Solids/Residue, total				
Chromium					Solids, dissolved (filterable)				
Chromium, hexavalent					Solids, fixed				
Cobalt					Solids, settleable				
COD					Solids, suspended (non-filt.)	23			
Color, Co/Pt units					Solids, volatile				
Conductivity					Specific gravity				
Copper					Strontium				
Cyanide, free					Sulfate, as SO ₄				
Cyanide, total					Sulfide, as S				
Dissolved Oxygen					Sulfite, as SO ₂				
EDTA					Surfactants, MBAS				
Fluoride					Tin				
Grease & Oil					Turbidity				
Hardness, total, as CaCO ₃					Vanadium				
Hydrocarbons					Zinc				
Iron					Other:				
Iron, Dissolved					Fecal Coliforms	LT 10			
Lead					per 100 mls.				
Lithium									
Magnesium									

ALL RESULTS IN mg/l UNLESS OTHERWISE NOTED

Testing is in accordance with procedures outlined in:

1. Standard Methods for the Examination of Water and Wastewater, APHA-AWWA-WPCF, 14th ed., 1976
2. Methods for Chemical Analysis of Water and Wastes, EPA, 1974
3. "Water, Atmospheric Analysis", Part 31, ASTM Standards, 1976

Analysed by: R. J. Jakubiec
R. J. Jakubiec, PhD, President and Laboratory Director

Date: 9/26/79

Checked and Approved by: _____

Date: _____

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

VARIAN NATIONAL
Box 269
Geneva IL 60134

INSTRUCTIONS

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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

REPORTING PERIOD: FROM 7/9/09 TO 7/9/09
YEAR MO DAY

7/9/09
YEAR MO DAY

PARAMETER		(3 card only)					NO. EX	(4 card only)					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	QUANTITY		MINIMUM	AVERAGE	MAXIMUM	UNITS	CONCENTRATION			
50050	REPORTED	.005	.005	.005	MGD	0							1/7	GR	
	PERMIT CONDITION	-	-	-										1/7	GR
00010	REPORTED	16.6	20.3	23.8	°C	0							1/7	GR	
	PERMIT CONDITION	-	-	32.2										1/7	GR
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST	FIRST	MI	TITLE	YEAR	MO		
LOGG	EUGENE	F.	OPER. MANAGER	7/9	10	09	Harry H. H.

ORIGINAL

PAGE 1 OF 1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 155-R0073

VARIAN/NATIONAL
Box 269
GENEVA IL 60134

INSTRUCTIONS

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(12-30) IL ST	(14-16) 0024583 PERMIT NUMBER	(17-19) 002 DIS	(20-21) 7/9 YEAR	(22-23) 0/9 MO	(24-25) 0/1 DAY	(26-27) 7/9 YEAR	(28-29) 0/9 MO	(30-31) 3/0 DAY
			REPORTING PERIOD FROM		TO			

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
500.50	REPORTED	0	0	0	MGD	0						1/7	GR	
	PERMIT CONDITION	-	-	-									1/7	GR
00010	REPORTED	-	-	-	°C	0						1/7	GR	
	PERMIT CONDITION												1/7	GR
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER LOEB EUGENE F	TITLE OF THE OFFICER OPER. MANAGER	DATE 7/9/09	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Henry H...</i>
LAST FIRST MI	TITLE	YEAR MO DAY		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

VARIAN NATIONAL
Box 209
GROSVENOR 100 60134

INSTRUCTIONS

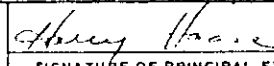
1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
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4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(12-30) IL ST	(14-16) 002433E PERMIT NUMBER	(17-19) 201 DIS	(20-21) 7/9 YEAR	(22-23) 0/9 MO	(24-25) 0/1 DAY	(26-27) 7/9 YEAR	(28-29) 0/9 MO	(30-31) 2/0 DAY
		(32-33) SIC	(34-35) LATITUDE		(36-37) LONGITUDE			

REPORTING PERIOD FROM

TO

PARAMETER		(3 card only) QUANTITY				UNITS	NO. EX	(4 card only) CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
50050	REPORTED	.003	.0035	.004	MGD	0							1/7	GR	
	PERMIT CONDITION	-	-	-										1/7	GR
00310	REPORTED						-	-	2	MGL	0	1/30	GR		
	PERMIT CONDITION								25			1/30	GR		
00530	REPORTED								23	MGL	0	1/20	GR		
	PERMIT CONDITION								30			1/30	GR		
00610	REPORTED								0.22	MGL	0	1/20	GR		
	PERMIT CONDITION								1.5			1/20	GR		
31614	REPORTED						-	-	<10	N/100 ML	0	1/30	GR		
	PERMIT CONDITION								400			1/30	GR		
00400	REPORTED				STAND. UNIT	0						1/30	GR		
	PERMIT CONDITION	6.0	-	9.0								1/30	GR		
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER LOEB EUGENE F.	TITLE OF THE OFFICER OPER. MANAGER	DATE 7/9/10	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST FIRST MI	TITLE	YEAR MO DAY		



ENVIRO-TECT, INC.

319 Ogden Avenue
Downers Grove, Illinois 60515
(312) 963-4672

LABORATORY REPORT

Attention Mr. H. Haase Date received 10/23/79
Company National Electronics Date completed 10/30/79
Division _____ P.O.# 72595
Address P.O. Box 269
City Geneva State Illinois Zip 60134

Analysis #	Sample Identification	Date
B7318	Sample for wastewater and coliform tests.	

Comments: LT means less than.

SAMPLE	7318				SAMPLE	7318			
Acids, Organic & Volatile					Manganese				
Acidity, as CaCO ₃					Mercury, ug/l (ppb)				
Alkalinity, phthin, as CaCO ₃					Molybdenum				
Alkalinity, total, as CaCO ₃					Nickel				
Aluminum					Nitrogen, ammonia, as N	0.26			
Arsenic					Nitrogen, organic, as N				
Barium					Nitrogen, total, as N				
Beryllium					Nitrate, as N				
Bicarbonate					Nitrite, as N				
BOD, 5 day	4				pH				
BOD, ultimate					Phenols				
Bismuth					Phosphate, soluble, as PO ₄				
Boron					Phosphate, total, as PO ₄				
Bromide					Potassium				
Bromine					Selenium				
Calcium					Silica, as SiO ₂				
Carbon Dioxide, free					Silver				
Chloride					Sodium				
Chlorinated Hydrocarbons					Solids/Residue, total				
Chlorine					Solids, dissolved (filterable)				
Chromium					Solids, fixed				
Chromium, hexavalent					Solids, settleable				
Cobalt					Solids, suspended (non-filt.)	12			
COD					Solids, volatile				
Color, Co/Pt units					Specific gravity				
Conductivity					Strontium				
Copper					Sulfate, as SO ₄				
Cyanide, free					Sulfide, as S				
Cyanide, total					Sulfite, as SO ₂				
Dissolved Oxygen					Surfactants, MBAS				
EDTA					Tin				
Fluoride					Turbidity				
Grease & Oil					Vanadium				
Hardness, total, as CaCO ₃					Zinc				
Hydrocarbons					Other:				
Iron					Fecal coliforms LT 10				
Iron, Dissolved					per 100 mls.				
Lead									
Lithium									
Magnesium									

ALL RESULTS IN mg/l UNLESS OTHERWISE NOTED

Testing is in accordance with procedures outlined in:

1. Standard Methods for the Examination of Water and Wastewater, APHA-AWWA-WPCF, 14th ed., 1976
2. Methods for Chemical Analysis of Water and Wastes, EPA, 1974.
3. "Water, Atmospheric Analysis", Part 31, ASTM Standards, 1976.

Analysed by: J. Jakubiec Date: 10/30/79
R. J. Jakubiec, PhD, President and Laboratory Director

Checked and Approved by: _____ Date: _____

REPORTING PERIOD 10/1/70 TO 10/31/70

DISCHARGE 001

	10/4	10/11	10/18	10/22	
FLOW	.004	.004	.0041	.005	/
BOD5				4	/
SUS. SOLIDS				.12	/
AMMONIA N				0.26	/
FECAL COL				4+ 10	/
PH	7.0	7.7	7.0	8.2	/

DISCHARGE 002

	10/11	10/11	10/13	10/25	
FLOW	0	0	0	0	/
TEMP	—	—	—	—	/

DISCHARGE 003

	10/4	10/11	10/13	10/25	
FLOW	.005	.005	.005	.005	/
TEMP.	62/46°C	25/17.7	24/17.6	52/11.1	/

VARIAN/NATIONWAL
Box 269
GENEVH, IL 60134

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
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7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

7-3)	(4-10)	(17-19)			
L	0024333	001			
ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
		(20-21)	(22-23)	(24-25)	(26-27)
		7 9	1 0	0 1	7 9
		YEAR	MO	DAY	YEAR

REPORTING PERIOD: FROM

TO

PARAMETER		(3 card only)				UNITS	NO. EX	(4 card only)				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
50050	REPORTED	.0011	.0042	.005		0							1/7	GR	
	PERMIT CONDITION	-	-	-	HGD								1/7	GR	
00310	REPORTED						-	-	4		0	1/30	GR		
	PERMIT CONDITION						-	10	25	MG/L		1/30	GR		
00530	REPORTED						-	-	12		0	1/30	GR		
	PERMIT CONDITION						-	12	30	MG/L		1/30	GR		
00610	REPORTED						-	-	0.26		0	1/30	GR		
	PERMIT CONDITION						-	-	1.5	MG/L		1/30	GR		
31616	REPORTED						-	-	10		0	1/30	GR		
	PERMIT CONDITION						-	-	400	ML		1/30	GR		
00400	REPORTED	7.0	7.4	8.2	STAND.	0						1/30	GR		
	PERMIT CONDITION	6.0	-	9.0	UNIT							1/30	GR		
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
MR. EUGENE F.	OPER. MANAGER	7 9	1 1	0 5			
FIRST	MI	TITLE	YEAR	MO	DAY		

VARIAN/NATIONAL
Box 269
GLENDA IL 60134

INSTRUCTIONS

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8. Fold along dotted lines, staple and mail Original to office specified in permit.

(12-31) IL ST	(14-16) 0024333 PERMIT NUMBER	(17-18) 002 DIS	(19-20) SIC	(21-22) LATITUDE	(23-24) LONGITUDE
REPORTING PERIOD: FROM		(25-26) 7/9 YEAR	(27-28) 1/0 MO	(29-30) 0/1 DAY	TO
		(31-32) 7/9 YEAR	(33-34) 1/0 MO	(35-36) 0/1 DAY	

PARAMETER		(3 card only) QUANTITY				(62-63) NO. EX.	(4 card only) CONCENTRATION				(62-63) NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(38-42) MINIMUM	(43-53) AVERAGE	(54-61) MAXIMUM	(64-65) UNITS		(38-42) MINIMUM	(43-53) AVERAGE	(54-61) MAXIMUM	(64-65) UNITS			
SQ050	REPORTED	—	—	0	H6D	0						1/7	GR
	PERMIT CONDITION												1/7
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
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	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
SER EUGENE F		OPER. MANAGER		7/9 1/1 0/5									
ST FIRST MI		TITLE		YEAR MO DAY									

ORIGINAL

PAGE 2 OF

VARIAN/NATIONAL
Box 269
GENCON IL 60134

INSTRUCTIONS

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(12-31) IL ST	(14-18) 0024333 PERMIT NUMBER	(117-119) 003 DIS	(117-119) SIC	(125-227) LATITUDE	(125-227) LONGITUDE
REPORTING PERIOD FROM		(120-221) 7/9 YEAR	(122-223) 10 MO	(124-225) 01 DAY	TO
		(125-227) 7/9 YEAR	(128-229) 10 MO	(130-231) 01 DAY	

PARAMETER		(3 card only)				UNITS	NO. EX	(4 card only)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
50050	REPORTED	.005	.005	.005	MGD	0						1/7	GR	
	PERMIT CONDITION	-	-	-										
00010	REPORTED	11	10	16	°C	0						1/7	GP	
	PERMIT CONDITION	-	-	32										
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
DEB	EUGENE	F	OPER. MANAGER	7/9	11		
AST	FIRST	MI	TITLE	YEAR	MO	DAY	

ORIGINAL

PAGE 1 OF 1

DISCHARGE 001

REPORTING

11-1-74

1-

PH	7.5	8.6	2.3	8.0	8.6
FECAL COL	/	/	/	/	> 20
AMMONIA & N	/	/	/	/	1.9
SUS. SOLIDS	/	/	/	/	35
BOD 5	/	/	/	/	1
FLOW	.0065	.003	.0031	.005	.004
11/1/79	11/7/79	11/14/79	11/21/79	11/21/79	11/21/79

DISCHARGE 002

TEMP	FLOW	
—	0	11/1/79
—	0	11/7
—	5	11/12/79
—	0	11/21/79
	0	11/28/79

DISCHARGE 003

TEMP.	12/12/79	11/1/79	11/7	11/11	11/17	11/25/79
FLOW	.005	.005	.005	.005	.005	.005
TEMP.	21/12.6	21/12.6	21/12.6	21/12.6	21/12.6	21/12.6

1.1



ENVIRO-TEST, INC.

319 Oaden Avenue
Downers Grove, Illinois 60515
(312) 963-4672

LABORATORY REPORT

Attention Mr. H. Haase Date received 11/28/79
Company National Electronics Date completed 12/5/79
Division _____ P.O.# 72595
Address P.O. Box 269
City Geneva State Illinois Zip 60134

Analysis #	Sample Identification	Date
37339	Sample for wastewater and coliform tests.	November

Comments: LT means less than.

SAMPLE	7839				SAMPLE	7839			
Acids, Organic & Volatile					Manganese				
Acidity, as CaCO ₃					Mercury, ug/l (ppb)				
Alkalinity, phthln, as CaCO ₃					Molybdenum				
Alkalinity, total, as CaCO ₃					Nickel				
Aluminum					Nitrogen, ammonia, as N	1.9			
Arsenic					Nitrogen, organic, as N				
Barium					Nitrogen, total, as N				
Beryllium					Nitrate, as N				
Bicarbonate					Nitrite, as N				
BOD, 5 day	1				pH				
BOD, ultimate					Phenols				
Bismuth					Phosphate, soluble, as PO ₄				
Boron					Phosphate, total, as PO ₄				
Bromide					Potassium				
Bromine					Selenium				
Calcium					Silica, as SiO ₂				
Carbon Dioxide, free					Silver				
Chloride					Sodium				
Chlorinated Hydrocarbons					Solids/Residue, total				
Chlorine					Solids, dissolved (filterable)				
Chromium					Solids, fixed				
Chromium, hexavalent					Solids, settleable				
Cobalt					Solids, suspended (non-filt.)	35			
COD					Solids, volatile				
Color, Co/Pt units					Specific gravity				
Conductivity					Strontium				
Copper					Sulfate, as SO ₄				
Cyanide, free					Sulfide, as S				
Cyanide, total					Sulfite, as SO ₂				
Dissolved Oxygen					Surfactants, MBAS				
EDTA					Tin				
Fluoride					Turbidity				
Grease & Oil					Vanadium				
Hardness, total, as CaCO ₃					Zinc				
Hydrocarbons					Other:				
Iron					Fecal Coliforms	LT 20			
Iron, Dissolved					per 100mls				
Lead									
Lithium									
Magnesium									

ALL RESULTS IN mg/l UNLESS OTHERWISE NOTED

Testing is in accordance with procedures outlined in:

- *** 1. Standard Methods for the Examination of Water and Wastewater, APHA-AWWA-WPCF, 14th ed., 1976
- 2. Methods for Chemical Analysis of Water and Wastes, EPA, 1974.
- 3. "Water, Atmospheric Analysis", Part 31, ASTM Standards, 1976.

Checked by: R. J. Jakubiec Date: 12/5/79
R. J. Jakubiec, PhD, President and Laboratory Director

Checked and Approved by: _____ Date: _____

VARIAN/NATIONAL
 P.O. BOX 269
 GENEVA IL 60134

INSTRUCTIONS

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(12-20) 14 ST	(14-18) 0024233 PERMIT NUMBER	(17-18) 001 DIS	(19-20) SIC	(21-22) LATITUDE	(23-24) LONGITUDE
REPORTING PERIOD: FROM		(20-21) 719 YEAR	(22-23) 11 MO	(24-25) 01 DAY	TO
		(26-27) 719 YEAR	(28-29) 11 MO	(30-31) 30 DAY	

PARAMETER		(3 card only)					(4 card only)					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTITY			UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX		
		(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM					(38-45) MINIMUM			(46-53) AVERAGE	(54-61) MAXIMUM
50050	REPORTED	1.003	0.043	1.0065	MGD	0						1/7	GR
	PERMIT CONDITION	---	---	---									1/7
00310	REPORTED						---	---	1	MGL	0	1/30	GR
	PERMIT CONDITION						10	25			1/30	GR	
00530	REPORTED								35	MGL	1	1/30	GR
	PERMIT CONDITION						12	30			1/30	GR	
00610	REPORTED								1.9	MGL	1	1/30	GR
	PERMIT CONDITION						---	---			1/30	GR	
21616	REPORTED								20	MGL	0	1/30	GR
	PERMIT CONDITION						---	---	400			1/30	GR
00400	REPORTED	3.6	8.2	7.8	STAND. UNIT	0						1/7	GR
	PERMIT CONDITION	6.0	---	9.0								1/30	GR
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LOER	EUGENE	F	PERMITTING ENGINEER	719	11		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

VARIAN / NATIONAL
PO BOX 269
GENEVA ILL 60134

INSTRUCTIONS

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12-39 IL ST	14-101 0034333 PERMIT NUMBER	117-121 002 OIS	SIC	LATITUDE	LONGITUDE
REPORTING PERIOD: FROM		7/2	1/1	0/1	TO
		YEAR	MO	DAY	7/2
			1/1	3/2	YEAR
					MO
					DAY

PARAMETER		(3 card only)					(4 card only)					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX		
50050	REPORTED			0	MGD	0						1/1	60
	PERMIT CONDITION			-									1/1
00010	REPORTED				C	0							
	PERMIT CONDITION			-									
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
LOEB EUGENE F		OREGONIAN INDUSTRIES			7/2 1/2 0/1								
LAST FIRST MI		TITLE			YEAR MO DAY								

VARIAN NATIONAL
PO BOX 269
GENEVA IL 60134

INSTRUCTIONS

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8. Fold along dotted lines, staple and mail Original to office specified in permit.

(12-31) IL ST	(14-16) 0024333 PERMIT NUMBER	(117-119) 003 DIS	(120-121) SIC
REPORTING PERIOD: FROM		TO	
(20-21) 719 YEAR	(22-23) 11 MO	(24-25) 01 DAY	(26-27) 719 YEAR
		(28-29) 11 MO	(30-31) 30 DAY

PARAMETER		(3 card only) QUANTITY (136-139)				UNITS	NO. EX	(4 card only) CONCENTRATION (140-143)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
50050	REPORTED	1.005	1.005	1.005	MGD	0						1/7	GR	
	PERMIT CONDITION	-	-	-								1/7	GR	
00010	REPORTED	2.7	6.8	12.7	°C	0						1/7	GR	
	PERMIT CONDITION	-	-	32.2								1/7	GR	
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST	FIRST	MI	TITLE	YEAR	MO		
ROER	EUGENE	F	OPERATION MANAGER	11	11	11	11/11/11

REPORTING PERIOD 12-1-79 TO 12-31-79

DISCHARGE 001

	12/5	12/12	12/17	12/19	
FLOW	.005	.0003	.0031	.002	
BOD5	/	/	3	/	
SUS. SOLIDS	/	/	60	/	
AMMONIA & N	/	/	1.1	/	
FECAL COL	/	/	<10	/	
PH	8.7	8.4	8.5	8.8	

DISCHARGE 002

	12/5	12/12	12/19	12/22	
FLOW	0	0	0	0	
TEMP	-	-	-	-	

DISCHARGE 003

	12/5	12/12	12/19	12/22	
FLOW	.006	.006	.005	.001	
TEMP.	1.6	1.6	4.4	4.4	



ENVIRO-TEST, INC.

319 Oader Avenue
Downers Grove, Illinois 60515
(312) 963-4672

LABORATORY REPORT

Attention Mr. H. Haase Date received 12/13/79
Company National Electronics Date completed 12/26/79
Division _____ P.O.# 72595
Address P.O. Box 269
City Geneva State Illinois Zip 60134

Analysis #	Sample Identification	Date
3127	Sample for wastewater and coliforms tests.	December.

Comments: LT means less than.

SAMPLE	3127				SAMPLE	3127			
Acids, Organic & Volatile					Manganese				
Acidity, as CaCO ₃					Mercury, ug/l (ppb)				
Alkalinity, phihn, as CaCO ₃					Molybdenum				
Alkalinity, total, as CaCO ₃					Nickel				
Aluminum					Nitrogen, ammonia, as N	1.1			
Arsenic					Nitrogen, organic, as N				
Barium					Nitrogen, total, as N				
Beryllium					Nitrate, as N				
Bicarbonate					Nitrite, as N				
BOD, 5 day	3				pH				
BOD, ultimate					Phenols				
Bismuth					Phosphate, soluble, as PO ₄				
Boron					Phosphate, total, as PO ₄				
Calcium					Potassium				
Carbon Dioxide, free					Selenium				
Chloride					Silica, as SiO ₂				
Chlorinated Hydrocarbons					Silver				
Chlorine					Sodium				
Chromium					Solids/Residue, total				
Chromium, hexavalent					Solids, dissolved (filterable)				
Cobalt					Solids, fixed				
COD					Solids, settleable				
Color, Co/Pt units					Solids, suspended (non-filt.)	60			
Conductivity					Solids, volatile				
Copper					Specific gravity				
Cyanide, free					Strontium				
Cyanide, total					Sulfate, as SO ₄				
Dissolved Oxygen					Sulfide, as S				
EDTA					Sulfite, as SO ₂				
Fluoride					Surfactants, MBAS				
Grease & Oil					Tin				
Hardness, total, as CaCO ₃					Turbidity				
Hydrocarbons					Vanadium				
Iron					Zinc				
Iron, Dissolved					Other:				
Lead					Fecal Coliforms	LT 20			
Lithium					per 100 mls				
Magnesium									

ALL RESULTS IN mg/l UNLESS OTHERWISE NOTED

Testing is in accordance with procedures outlined in:

- *** 1. Standard Methods for the Examination of Water and Wastewater, APHA-AWWA-WPCF, 14th ed., 1976
- 2. Methods for Chemical Analysis of Water and Wastes, EPA, 1974
- 3. "Water, Atmospheric Analysis", Part 31, ASTM Standards, 1976

Collected by: R. J. Jakubiec Date: 12/26/79
R. J. Jakubiec, PhD, President and Laboratory Director

Checked and Approved by: _____ Date: _____

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

VARIAN/NATIONAL
P.O. Box 269
Geneva IL 60134

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

REPORTING PERIOD: FROM

7/9 1/2 0/1
YEAR MO DAY

TO

7/9 1/2 3/1
YEAR MO DAY

PARAMETER		QUANTITY (3 card only)				UNITS	NO. EX	CONCENTRATION (4 card only)				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
50050	REPORTED	.002	.00325	.005									1/7	GR	
	PERMIT CONDITION	-	-	-	MGD								1/7	GR	
00310	REPORTED						-	3	-			0	1/30	GR	
	PERMIT CONDITION						-	10	25	MGL			1/30	GR	
00530	REPORTED						-	-	60			1	1/20	GR	
	PERMIT CONDITION						-	12	30	MGL			1/30	GR	
00610	REPORTED						-	-	1.1			0	1/30	GR	
	PERMIT CONDITION						-	-	1.5	MGL			1/30	GR	
31616	REPORTED						-	-	< 10			0	1/30	GR	
	PERMIT CONDITION						-	-	400	N/100 ML			1/30	GR	
00400	REPORTED	8.4	8.6	8.8	STAND. UNIT		0						1/7	GR	
	PERMIT CONDITION	6.0	-	9.0									1/7	GR	
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Loeb, Eugene	OPERATIONS MANAGER	8/10/01		
LAST FIRST MI	TITLE	YEAR MO DAY		

ORIGINAL

PAGE 1 OF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Vietnam/Minh

Box 209

Genoa IL 60134

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
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8. Fold along dotted lines, staple and mail Original to office specified in permit.

(12-13) ST IL	(14-16) 002433 PERMIT NUMBER	(17-19) 007 DIS	(20-21) SIC	(22-23) LATITUDE	(24-25) LONGITUDE
REPORTING PERIOD FROM		TO			
7/9 11/2 0/1 YEAR MO DAY		7/9 11/2 3/1 YEAR MO DAY			

PARAMETER		(3 card only)				NO. EX	(4 card only)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
50050	REPORTED	0	0	0	MGD	0						1/7	GR
	PERMIT CONDITION											1/7	GR
00010	REPORTED	-	-	-	C.								
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST LOEB	FIRST EUGENE	MI F	TITLE OPERATIONS MANAGER	YEAR 8/0	MO 01		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

VIRIAN/NIHONHIL
Box 269
GENOA ILL 6134

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
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7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(2-3) 1L ST	(4-15) 0021333 PERMIT NUMBER	(17-19) 003 DIS	(20-21) SIC	(22-23) LATITUDE	(24-25) LONGITUDE
REPORTING PERIOD: FROM		(26-27) 7/7 YEAR	(28-29) 112 MO	(30-31) 01 DAY	TO
		(32-33) 7/9 YEAR	(34-35) 112 MO	(36-37) 31 DAY	

PARAMETER		(3 card only) QUANTITY				UNITS	(62-63) NO. EX	(4 card only) CONCENTRATION				(62-63) NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(38-40) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	(64-71) MINIMUM			(72-79) AVERAGE	(80-87) MAXIMUM					
50050	REPORTED	0.01	0.045	0.06	MGD	0						1/7	GR	
	PERMIT CONDITION	—	—	—									1/7	GR
	REPORTED	1.6	3.0	4.4	°C	0						1/7	GR	
	PERMIT CONDITION	—	—	15.6									1/7	GR
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LOEB	EUGENE	OPERATIONS MANAGER		7/9	11/2		
LAST	FIRST	TITLE		YEAR	MO	DAY	

DISCHARGE 001

1-3-80	1-10-80	1-16-80	1-23-80	1-31-80
Flow	002	003	003	004
BODs	/	/	39	/
SUS. SOLIDS	/	/	60	/
AMMONIA & N	/	/	1.2	/
FECAL COL	/	/	< 20	/
pH	8.2	8.2	7.6	7.4

7.8 AM

003 A

DISCHARGE 002

1-3-80	1-10-80	1-16-80	1-23-80	1-31-80
Flow	0	0	0	0
TEMP	-	-	-	-

003

1.3 AM
0052

1-3-80	1-10-80	1-16-80	1-23-80	1-31-80
Flow	005	005	005	006
TEMP	2.2	1.1	1.1	0.8

Reported Period 1-1-80 to 1-31-80



ENVIRO-TEST, INC.

319 Ogden Avenue
Downers Grove, Illinois 6051
(312) 963-4672

LABORATORY REPORT

Attention Mr. H. Hease Date received 1/24/80
Company National Electronics Date completed 1/30/80
Division _____ P.O.# 72595
Address P.O. Box 269
City Geneva State Illinois Zip 60134

Analysis #	Sample Identification	Date
B3660	Sample for wastewater and coliforms tests.	January

Comments: LT means less than.

SAMPLE	3660					SAMPLE	8660				
Acids, Organic & Volatile						Manganese					
Acidity, as CaCO ₃						Mercury, ug/l (ppb)					
Alkalinity, phthln, as CaCO ₃						Molybdenum					
Alkalinity, total, as CaCO ₃						Nickel					
Aluminum						Nitrogen, ammonia, as N	1.2				
Arsenic						Nitrogen, organic, as N					
Barium						Nitrogen, total, as N					
Beryllium						Nitrate, as N					
Bicarbonate						Nitrite, as N					
BOD, 5 day	39					pH					
BOD, ultimate						Phenols					
Bismuth						Phosphate, soluble, as PO ₄					
Boron						Phosphate, total, as PO ₄					
Bromide						Potassium					
Cadmium						Selenium					
Calcium						Silica, as SiO ₂					
Carbon Dioxide, free						Silver					
Chloride						Sodium					
Chlorinated Hydrocarbons						Solids, Residue, total					
Chlorine						Solids, dissolved (filterable)					
Chromium						Solids, fixed					
Chromium, hexavalent						Solids, settleable					
Cobalt						Solids, suspended (non-filt.)	60				
COD						Solids, volatile					
Color, Co/Pt units						Specific gravity					
Conductivity						Strontium					
Copper						Sulfate, as SO ₄					
Cyanide, free						Sulfide, as S					
Cyanide, total						Sulfite, as SO ₂					
Dissolved Oxygen						Surfactants, MBAS					
EDTA						Tin					
Fluoride						Turbidity					
Grease & Oil						Vanadium					
Hardness, total, as CaCO ₃						Zinc					
Hydrocarbons						Other:					
Iron						Focal Coliforms LT 20					
Iron, Dissolved						per 100 ml					
Lead											
Lithium											
Magnesium											

ALL RESULTS IN mg/l UNLESS OTHERWISE NOTED

Testing is in accordance with procedures outlined in:

1. Standard Methods for the Examination of Water and Wastewater, APHA-AWWA-WPCF, 14th ed., 197.
2. Methods for Chemical Analysis of Water and Wastes, EPA, 1974.
3. "Water, Atmospheric Analysis", Part 31, ASTM Standards, 1976.

Certified by:

R. J. Jakubiec
R. J. Jakubiec, PhD, President and Laboratory Director

Date: 1/30/80

Date:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

VARIAN/NATIONAL
Box 269
GENEVA ILL. 60134

INSTRUCTIONS

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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(12-13) 1L ST	(14-16) 0024333 PERMIT NUMBER	(17-19) 001 OIS	(20-21) SIC	(22-23) LATITUDE	(24-25) LONGITUDE
REPORTING PERIOD: FROM		(26-27) 8 YEAR	(28-29) 0 MO	(30-31) 0 DAY	TO
		(32-33) 8 YEAR	(34-35) 0 MO	(36-37) 1 DAY	

PARAMETER		(3 card only) QUANTITY (38-41)				UNITS	(42-43) NO. EX	(4 card only) CONCENTRATION (44-47)				(48-49) NO. EX	(50-51) FREQUENCY OF ANALYSIS	(52-53) SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
50050	REPORTED	.002	.003	.004	MGD	0						1/7	GR	
	PERMIT CONDITION	-	-	-										
00310	REPORTED						-	-	39	MGL	1	1/30	GR	
	PERMIT CONDITION						-	10	25					
00530	REPORTED						-	-	60	MGL	1	1/30	GR	
	PERMIT CONDITION						-	12	30					
00610	REPORTED						-	-	1.2	MGL	0	1/30	GR	
	PERMIT CONDITION						-	-	1.5					
31616	REPORTED						-	-	< 20	N/100 ML	0	1/30	GR	
	PERMIT CONDITION						-	-	400					
00400	REPORTED	7.2	7.8	8.2	STAND. UNIT	0						1/7	GR	
	PERMIT CONDITION	6.0	-	9.0										
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LOEB	EUGENE	F.	OPERATION MANAGER	8	012		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

ORIGINAL

PAGE OF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

VARIAN/NATIONWIDE
ETC

INSTRUCTIONS

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(12-16) 12 ST	(14-16) 0024333 PERMIT NUMBER	(17-19) 002 DIS	(17-19) SIC	(20-21) 810 YEAR	(22-23) 01 MO	(24-25) 01 DAY	(26-27) 810 YEAR	(28-29) 01 MO	(30-31) 31 DAY
			LATITUDE		LONGITUDE				

REPORTING PERIOD: FROM

TO

PARAMETER		(3 card only) QUANTITY (135-45)				UNITS	NO. EX	(4 card only) CONCENTRATION (140-53)				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
50050	REPORTED			0		MGD	0							1/7	GR
	PERMIT CONDITION	-	-	-										1/7	GR
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.							
LOEB EUGENE F.		OPERATION MANAGER				810 02 017		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							
LAST FIRST MI		TITLE				YEAR MO DAY									

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Varian/NAT

etc

INSTRUCTIONS

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(12-15) 1L ST	(14-18) 0024333 PERMIT NUMBER	(17-19) 003 DIS	(20-21) SIC	(22-23) LATITUDE	(24-25) LONGITUDE
REPORTING PERIOD: FROM 8/00/01		TO 8/00/31			

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
50050	REPORTED	.005	.0052	.006		MGD	0							1/7	GR
	PERMIT CONDITION	-	-	-											
00010	REPORTED	0.8"	1.3"	2.2"		° C	0							1/7	GR
	PERMIT CONDITION	-	-	15.6											
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LOEB, EUGENE F. LAST FIRST MI	OPERATION MANAGER TITLE	8/00/207 YEAR MO DAY		

REPORTING PERIOD 2-1-80 TO 2-29-80

DISCHARGE 001

	2-6-80	2-13-80	2-20-80	2-25-80	
FLOW	.007	.005	.008	.007	AV .007
BOD5	/	/	/	.54	
SUS. SOLIDS	/	/	/	.26	
AMMONIA & N	/	/	/	2.1	
FECAL COL	/	/	/	< 20	
PH	7.3	7.1	7.2	7.2	AV 7.2

DISCHARGE 002

	2/6/80	2/13/80	2/20/80	2/27/80	
FLOW	0	0	0	0	
TEMP	—	—	—	—	

DISCHARGE 003

	2/6/80	2/13/80	2/20/80	2/27/80	
FLOW	.006	.010	.011	.012	AV .00
TEMP.	1.1	1.29	4.1	2.8	AV. 2.



ENVIRO-TEST, INC.

319 Ogden Avenue
Downers Grove, Illinois 60515
(312) 963-4672

LABORATORY REPORT

Attention Mr. H. Haase Date received 2/26/80
Company National Electronics Date completed 3/5/80
Division _____ P.O.# 72595
Address P.O. Box 269
City Geneva State Illinois Zip 60134

Analysis #	Sample Identification	Date
89165	Wastewater for February.	

Comments: LT means less than.

SAMPLE	9165				SAMPLE	9165			
Acids, Organic & Volatile					Manganese				
Acidity, as CaCO ₃					Mercury, ug/l (ppb)				
Alkalinity, phthin, as CaCO ₃					Molybdenum				
Alkalinity, total, as CaCO ₃					Nickel				
Aluminum					Nitrogen, ammonia, as N	2.1			
Arsenic					Nitrogen, organic, as N				
Barium					Nitrogen, total, as N				
Beryllium					Nitrate, as N				
Bicarbonate					Nitrite, as N				
BOD, 5 day	54				pH				
BOD, ultimate					Phenols				
Bismuth					Phosphate, soluble, as PO ₄				
Boron					Phosphate, total, as PO ₄				
Bromide					Potassium				
Bromine					Selenium				
Calcium					Silica, as SiO ₂				
Carbon Dioxide, free					Silver				
Chloride					Sodium				
Chlorinated Hydrocarbons					Solids/Residue, total				
Chlorine					Solids, dissolved (filterable)				
Chromium					Solids, fixed				
Chromium, hexavalent					Solids, settleable				
Cobalt					Solids, suspended (non-filt.)	26			
COD					Solids, volatile				
Color, Co/Pt units					Specific gravity				
Conductivity					Strontium				
Copper					Sulfate, as SO ₄				
Cyanide, free					Sulfide, as S				
Cyanide, total					Sulfite, as SO ₂				
Dissolved Oxygen					Surfactants, MBAS				
EDTA					Tin				
Fluoride					Turbidity				
Grease & Oil					Vanadium				
Hardness, total, as CaCO ₃					Zinc				
Hydrocarbons					Other:				
Iron					Fecal Coliforms	LT 20			
Iron, Dissolved					per 100mls				
Lead									
Lithium									
Magnesium									

ALL RESULTS IN mg/l UNLESS OTHERWISE NOTED

Testing is in accordance with procedures outlined in:

- ***1. Standard Methods for the Examination of Water and Wastewater, APHA-AWWA-WPCF, 14th ed., 1976
2. Methods for Chemical Analysis of Water and Wastes, EPA, 1974.
3. "Water, Atmospheric Analysis", Part 31, ASTM Standards, 1976.

Conducted by: R. J. Jakubiec Date: 3/5/80
R. J. Jakubiec, PhD, President and Laboratory Director

Checked and Approved by: _____ Date: _____

DISCHARGE MONITORING REPORT

OMI 133-RJ073

VARIAN / NATIONALE
 P O Box 269
 Geneva IL 6013

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-31
 1L
 5T

14-18)

0024333
 PERMIT NUMBER

(17-18)

001
 DIS

SIC

LATITUDE LONGITUDE

(20-21) (22-23) (24-26)

8 0 0 2 0 1
 YEAR MO DAY

TO

(26-27) (28-29) (30-31)

8 6 0 2 2 9
 YEAR MO DAY

REPORTING PERIOD: FROM

(32-37)

PARAMETER		(3 card only) QUANTITY (38-45)				NO. EX	(4 card only) CONCENTRATION (46-53)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
50050	REPORTED	.007	.0075	.008	MGD	0						1/7	GR
	PERMIT CONDITION	-	-	-								1/7	GR
00310	REPORTED				MGL		-	-	54		1	1/30	GR
	PERMIT CONDITION						-	10	25			1/30	GR
00530	REPORTED				MGL		-	-	26		0	1/30	GR
	PERMIT CONDITION						-	12	30			1/30	GR
00610	REPORTED				MGL				2.1		1	1/30	GR
	PERMIT CONDITION						-	-	1.5			1/30	GR
31616	REPORTED				ML				< 20	1/100	0	1/30	GR
	PERMIT CONDITION						-	-	400			1/30	GR
00400	REPORTED	7.1	7.2	7.3	STAND. UNIT	0						1/7	GR
	PERMIT CONDITION	6.0	-	9.0								1/30	GR
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST	FIRST	TITLE	YEAR	MO	DAY		
LOEB	EUGENE	F	OPERATION MANAGER	8	0	3	110

DISCHARGE MONITORING REPORT

Form Approved
0-11 158-R0073VARIAN / NATIONAL
Box 269
GENEVA ILL

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
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4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-31 IL ST	14-16 0024333 PERMIT NUMBER	17-19 002 DIS	20-21 SIC
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LATITUDE	LONGITUDE
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REPORTING PERIOD: FROM

22-23 8	24-25 10	26-27 0	28-29 2	30-31 0	32-33 1
YEAR	MO	DAY			

TO

34-35 8	36-37 10	38-39 0	40-41 2	42-43 2	44-45 9
YEAR	MO	DAY			

PARAMETER		(3 card only)					(4 card only)					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTITY				NO. EX	CONCENTRATION				NO. EX		
		MINIMUM	AVERAGE	MAXIMUM	UNITS			MINIMUM	AVERAGE	MAXIMUM		UNITS	
50050	REPORTED			0		0						1/7	GR
	PERMIT CONDITION	-	-	-	MGB							1/7	GR
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST LOEB	FIRST EUGENE	MI F	TITLE OPERATION MANAGER	YEAR 8	MO 10	DAY 03		

DISCHARGE MONITORING REPORT

Form Approved
ON 156-K0073VARIAN / NATIONAL
Box 269

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
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(12-3)
1L
ST

(4-16)

0024333
PERMIT NUMBER

(17-19)

003

DIS

SIC

LATITUDE

LONGITUDE

REPORTING PERIOD. FROM

8	0	2	0	1
YEAR	MO	DAY		

TO

8	0	2	2	9
YEAR	MO	DAY		

(32-37)

(64-66)

(67-70)

PARAMETER		QUANTITY (3 card only) (138-43)				UNITS	NO. EX. (62-63) (38-46)	CONCENTRATION (4 card only) (148-53)				UNITS	NO. EX. (62-63) (38-46)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (67-70)
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
50050	REPORTED	.006	.0097	0012	MGD	0							1/7	GR	
	PERMIT CONDITION	-	-	-									1/7	GR	
00010	REPORTED	1.1	2.12	4.1	°C	0							1/7	GR	
	PERMIT CONDITION	-	-	15.6									1/7	GR	
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LOEB EUGENE F			OPERATION MANAGER			8 0 3 1 0				
LAST	FIRST	MI	TITLE	YEAR	MO	DAY				

REPORTING PERIOD 3-1-80 TO 3-3-80

DISCHARGE 001

3/5/80	3/12/80	3/19/80	3/24/80	
Flow	.005	.005	.007	
BOD5			60	
SUS. Solids			68	
Ammonia N			1.3	
Fecal Col			< 20	
pH	7.6	8.4	7.8	

AV

DISCHARGE 002

3/5/80	3/12/80	3/19/80	3/26/80	
Flow	0	0	0	
TEMP	—	—	—	

DISCHARGE 003

3/5/80	3/12/80	3/19/80	3/26/80	
Flow	.009	.0011	.0011	
TEMP.	2.8	4.3	4.1	5.7



ENVIROQUEST, INC.

319 Ogden Avenue
Downers Grove, Illinois 60515
(312) 963-4672

LABORATORY REPORT

Analyst Mr. H. Haase Date received 3/25/80
Company National Electronics Date completed 4/8/80
Division _____ P.O.# 72595
Address P.O. Box 269
City Geneva State Illinois Zip 60134

Analysis #	Sample Identification	Date
39570	Wastewater for March	

Comments:

SAMPLE	39570				SAMPLE	39570			
Acids, Organic & Volatile					Manganese				
Acidity, as CaCO ₃					Mercury, ug/l (ppb)				
Alkalinity, phenol, as CaCO ₃					Molybdenum				
Alkalinity, total, as CaCO ₃					Nickel				
Aluminum					Nitrogen, ammonia, as N	1.3			
Arsenic					Nitrogen, organic, as N				
Barium					Nitrogen, total, as N				
Beryllium					Nitrate, as N				
Bicarbonate					Nitrite, as N				
BOD, 5 day	60				pH				
BOD, ultimate					Phenols				
Bismuth					Phosphate, soluble, as PO ₄				
Boron					Phosphate, total, as PO ₄				
Bromide					Potassium				
Bromine					Selenium				
Cadmium					Silica, as SiO ₂				
Carbon Dioxide, free					Silver				
Chloride					Sodium				
Chlorinated Hydrocarbons					Solids/Residue, total				
Chlorine					Solids, dissolved (filterable)				
Chromium					Solids, fixed				
Chromium, hexavalent					Solids, settleable				
Cobalt					Solids, suspended (non-filt.)	63			
COD					Solids, volatile				
Color, Co/Pt units					Specific gravity				
Conductivity					Strontium				
Copper					Sulfate, as SO ₄				
Cyanide, free					Sulfide, as S				
Cyanide, total					Sulfite, as SO ₂				
Dissolved Oxygen					Surfactants, MBAS				
EDTA					Tin				
Fluoride					Turbidity				
Grease & Oil					Vanadium				
Hardness, total, as CaCO ₃					Zinc				
Hydrocarbons					Other:				
Iron					Fecal Coliforms	LT 20			
Iron, Dissolved					per 100 mls				
Lead									
Lithium									
Magnesium									

ALL RESULTS IN mg/l UNLESS OTHERWISE NOTED

Testing is in accordance with procedures outlined in:

1. Standard Methods for the Examination of Water and Wastewater, APHA-AWWA-WPCF, 14th ed., 1976
2. Methods for Chemical Analysis of Water and Wastes, EPA, 1974
3. "Water, Atmospheric Analysis", Part 31, ASTM Standards, 1975

Analyst by: R. J. Jakubiec Date: _____
R. J. Jakubiec, PhD, President and Laboratory Director

Checked and Approved by: _____ Date: _____

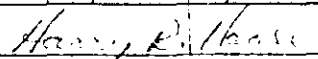
VARIAN/NATIONHC
Box 269
GENEVA ILL

INSTRUCTIONS

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7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-30 IL ST	14-101 0024333 PERMIT NUMBER	117-101 003 DIS	SIC	LATITUDE	LONGITUDE
REPORTING PERIOD: FROM		8100301 YEAR MO DAY	TO	8100331 YEAR MO DAY	

PARAMETER		(3 card only) QUANTITY				UNITS	NO. EX	(4 card only) CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM (38-45)	AVERAGE (40-53)	MAXIMUM (54-61)				MINIMUM (62-69)	AVERAGE (70-83)	MAXIMUM (84-91)				
50050	REPORTED	.009	.00102	.0011	MGD	0						1/7	GR	
	PERMIT CONDITION	—	—	—								1/7	GR	
00010	REPORTED	2.8	4.2	5.7	°C	0						1/7	GR	
	PERMIT CONDITION	—	—	15.6								1/7	GR	
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST	FIRST	MI	TITLE	YEAR	MO		
OEB	EUGENE	F	OPERATION MANAGER	81	01	10	

DISCHARGE MONITORING REPORT

Form Approved
OMB No. 158-R0073VARIAN/NATIONAL
Box 269
GENEVA ILL 60134

INSTRUCTIONS

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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
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(2-3) ST	(14-18) 0024333 PERMIT NUMBER	(17-19) 002 DIS	(17-19) SIC	(20-21) 810 YEAR	(22-23) 03 MO	(24-25) 01 DAY	TO	(26-27) 810 YEAR	(28-29) 03 MO	(30-31) 31 DAY	
				LATITUDE		LONGITUDE					

REPORTING PERIOD, FROM

TO

PARAMETER		(3 card only)				NO. EX	(4 card only)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTITY			UNITS		CONCENTRATION			UNITS			
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
50050	REPORTED	0	0	0	MGD							1/7	GR
	PERMIT CONDITION												1/7
00010	REPORTED	-	-	-	°C							-	-
	PERMIT CONDITION												-
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

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LAST	FIRST	MI	TITLE		YEAR	MO		
LOEB	EUGENE	F	OPERATIONS MANAGER		810	04	09	<i>Harvey R. Hask</i>

VIRIAN/NATIONAL

Box 269

GENEVA ILL 60134

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
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REPORTING PERIOD FROM

(23-24)	(25-26)	(27-28)
8	0	3
0	3	6
1		
YEAR	MO	DAY

TO

(29-30)	(31-32)	(33-34)
8	0	3
1		
YEAR	MO	DAY

(12-13)
12
57

(14-16)
0024333
PERMIT NUMBER

(17-18)
001
DIC

(19-20)
SIC

(21-22)	(23-24)
LATITUDE	LONGITUDE

PARAMETER		(3 card only)				UNITS	NO. EX	(4 card only)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
50050	REPORTED	.005	.0062	.008		0						1/7	GR	
	PERMIT CONDITION	-	-	-	MGD							1/7	GR	
00310	REPORTED						-	-	60		1	1/30	GR	
	PERMIT CONDITION								25	MGL		1/30	GR	
00530	REPORTED								68		1	1/30	GR	
	PERMIT CONDITION								30	MGL		1/30	GR	
00610	REPORTED						-	-	1.3		0	1/30	GR	
	PERMIT CONDITION						-	-	1.5	MGL		1/30	GR	
31616	REPORTED						-	-	< 20	N/100	0	1/30	GR	
	PERMIT CONDITION						-	-	400	ML		1/30	GR	
00400	REPORTED	7.6	8.0	8.4	STAND.	0						1/7	GR	
	PERMIT CONDITION	6.0	-	9.0	UNIT							1/7	GR	
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
LOEB EUGENE E			OPERATIONS MANAGER			8/0/01/01/9						8/0/01/01/9		
LAST FIRST MI			TITLE			YEAR MO DAY								

DISCHARGE 001

4/3/80	4/10	4/17	4/24	AVERAGE
Flow	.007	.0071	.006	.0065
BOD5	/	31	/	/
SUS. Solids	/	49	/	/
AMMONIA & N	/	.76	/	/
FECAL COL	/	20	/	/
PH	8.2	8.5	8.4	9.0
				8.5

DISCHARGE 002

4/3	4/10	4/17	4/24	/
Flow	0	0	0	/
TEMP	-	-	-	/

DISCHARGE 003

4/3	4/10	4/17	4/24	AV
Flow	0.10	0.12	0.15	0.0115
TEMP.	5.7	5.7	6.1	7.2

Reporting Period 4-1-80 To 4-30-80



ENVIRO-TEST, INC.

319 Ogden Avenue
Downers Grove, Illinois 60515
(312) 963-4672

LABORATORY REPORT

Attention Mr. H. Hease Date received 4/22/80
Company National Electronics Date completed 4/30/80
Division _____ P.O.# P.O. #75302
Address P.O. Box 269
City Geneva State Illinois Zip 60134

Analysis #	Sample Identification	Date
<u>89923</u>	<u>Wastewater for April</u>	

Comments:

SAMPLE	89923				SAMPLE	89923			
Acids, Organic & Volatile					Manganese				
Acidity, as CaCO ₃					Mercury, ug/l (ppb)				
Alkalinity, phthn, as CaCO ₃					Molybdenum				
Alkalinity, total, as CaCO ₃					Nickel				
Aluminum					Nitrogen, ammonia, as N	<u>.76</u>			
Arsenic					Nitrogen, organic, as N				
Barium					Nitrogen, total, as N				
Beryllium					Nitrate, as N				
Bicarbonate					Nitrite, as N				
BOD, 5 day	<u>31</u>				pH				
BOD, ultimate					Phenols				
Bismuth					Phosphate, soluble, as PO ₄				
Boron					Phosphate, total, as PO ₄				
omide					Potassium				
mium					Selenium				
Calcium					Silica, as SiO ₂				
Carbon Dioxide, free					Silver				
Chloride					Sodium				
Chlorinated Hydrocarbons					Solids/Residue, total				
Chlorine					Solids, dissolved (filterable)				
Chromium					Solids, fixed				
Chromium, hexavalent					Solids, settleable				
Cobalt					Solids, suspended (non-filt.)	<u>40</u>			
COD					Solids, volatile				
Color, Co/Pt units					Specific gravity				
Conductivity					Strontium				
Copper					Sulfate, as SO ₄				
Cyanide, free					Sulfide, as S				
Cyanide, total					Sulfite, as SO ₂				
Dissolved Oxygen					Surfactants, MBAS				
EDTA					Tin				
Fluoride					Turbidity				
Grease & Oil					Vanadium				
Hardness, total, as CaCO ₃					Zinc				
Hydrocarbons					Other:				
Iron					Fecal Coliforms	<u>LT 20</u>			
Iron, Dissolved					per 100 mls				
Lead									
Lithium									
Magnesium									

ALL RESULTS IN mg/l UNLESS OTHERWISE NOTED

Testing is in accordance with procedures outlined in:

- *** 1. Standard Methods for the Examination of Water and Wastewater, APHA-AWWA-WPCF, 14th ed., 1976
- 2. Methods for Chemical Analysis of Water and Wastes, EPA, 1974.
- 3. "Water, Atmospheric Analysis", Part 31, ASTM Standards, 1975.


ified by: R. J. Jakubiec Date: 4/30/80
R. J. Jakubiec, PhD, President and Laboratory Director

Checked and Approved by: _____ Date: _____

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT".
5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(12-31)	(14-18)	(17-19)		
IL ST	0024333 PERMIT NUMBER	061 DIS	SIC	LATITUDE LONGITUDE
REPORTING PERIOD. FROM		(20-21) (22-23) (24-28)	TO	(26-27) (28-29) (30-31)
		80 04 01 YEAR MO DAY		80 04 30 YEAR MO DAY

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 card only)					(4 card only)						
		(38-45)	(46-53)	(54-61)	(62-63)	(64-67)	(68-75)	(76-83)	(84-91)	(92-93)	(94-97)		
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX		
50050	REPORTED	1.006	1.0065	1.007	MGD	0						1/7	GR
	PERMIT CONDITION	—	—	—									1/7
00310	REPORTED						—	—	31	MGL	1	1/30	GR
	PERMIT CONDITION						—	—	25			1/30	GR
00530	REPORTED						—	—	49	MGL	1	1/30	GR
	PERMIT CONDITION						—	—	30			1/30	GR
00610	REPORTED								0.76	MGL	0	1/30	GR
	PERMIT CONDITION								1.5			1/30	GR
31616	REPORTED						—	—	<20	N/100 ML	0	1/30	GR
	PERMIT CONDITION						—	—	400			1/30	GR
00400	REPORTED	8.2	8.5	9.0	STAND.	0						1/7	GR
	PERMIT CONDITION	6.0	—	9.0	UNIT							1/7	GR
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
OEB	EUGENE	F	OPERATION MANAGER			8/01/50				
1ST	FIRST	MI	TITLE			YEAR MO DAY				

VIRGINIA/NATIONAL
Box 267
GENEVA ILL 60134

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(4-14) 0024333 PERMIT NUMBER	(17-19) 002 DIS	(20-22) SIC	(23-25) LATITUDE	(26-28) LONGITUDE
REPORTING PERIOD FROM		TO		
(17-21) (22-23) (24-26) 8 0 0 4 0 1 YEAR MO DAY		(26-27) (28-29) (30-31) 8 10 0 4 3 0 YEAR MO DAY		

PARAMETER		(3 card only)				NO. EX	(4 card only)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
50050	REPORTED	0	0	0	M40	0						1/7	GR
	PERMIT CONDITION	—	—	—									1/7
00010	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
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	PERMIT CONDITION												
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	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Harry R. Hoise</i>
DEB EUGENE FIRST MI	OPERATION MANAGER TITLE	8 10 0 1 5 0 1 8 YEAR MO DAY		

Marrian Associates
Company Name

National Electronics
Plant Identification

Geneva, Ill. (60134)
Plant Location

KTBP Pollutant	Source of Pollutant	Is pollutant in intake (I) or discharge (D) water
120 Copper	Cleaning of copper	D
121 Cyanide	Electroplating solution	D
124 Nickel	Electroplating solution	D

Electroplating

Varian Associates
COMPANY NAME

National Electronics
PLANT IDENTIFICATION

Geneva, Ill. (60134)
PLANT LOCATION (ZIP CODE)

2. Individual Process Line Information (Base Year 1976)

Please provide the following information for each electroplating line shown in the block diagram. Electroplating includes plating, electroplating, electroless plating, anodizing, etching, conversion coating, and printed circuit board manufacture. Use a separate copy of this page for each production line.

A. Identify this process line as shown in block diagram. Nickel plating

B. What is the base material processed? Copper

C. What is the processing rate in terms of area electroplated* for each step? ft²/hr.

D. If masking is used, what is the rate in terms of masked area passing through each step ft²/hr (omit this question for Printed Circuit Boards).

E. How many hours per day does the line operate? 8 hr/day

F. Does water flow through rinses when line is not operating?

☐ YES ☒ NO

If YES, give flow rate gph and duration of flow in average hours/week when line not operating hrs/week.

G. What is the operating amperage of each step?

20 amps for 6 minutes in plating tank.

 amps for

 amps for

H. If a plating line, what is thickness of plate in each step?

.0004 in. for Nickel

 in. for

 in. for

I. Is this process line

X Manual Rack

 Automatic Barrel

 Semi-automatic X Basket

*Area immersed for printed circuit board manufacture.

Electroplating

Varian Associates
COMPANY NAME

National Electronics
PLANT IDENTIFICATION

Geneva, Ill. (60134)
PLANT LOCATION (ZIP CODE)

2. Individual Process Line Information (Base Year 1976)

Please provide the following information for each electroplating line shown in the block diagram. Electroplating includes plating, electroplating, electroless plating, anodizing, etching, conversion coating, and printed circuit board manufacture. Use a separate copy of this page for each production line.

- A. Identify this process line as shown in block diagram. Silicon Etch
- B. What is the base material processed? Silicon
- C. What is the processing rate in terms of area electroplated* for each step? N/A
ft²/hr.
- D. If masking is used, what is the rate in terms of masked area passing through each step? 4 ft²/hr (omit this question for Printed Circuit Boards).
- E. How many hours per day does the line operate? 8
16 hr/day
- F. Does water flow through rinses when line is not operating?
☐ YES ☒ NO
If YES, give flow rate gph and duration of flow in average hours/week when line not operating hrs/week.
- G. What is the operating amperage of each step?
amps for N/A
amps for
amps for
- H. If a plating line, what is thickness of plate in each step?
in. for N/A
in. for
in. for

I. Is this process line

<u>X</u> Manual	<u> </u> Rack
<u> </u> Automatic	<u> </u> Barrel
<u> </u> Semi-automatic	<u>X</u> Basket

*Area immersed for printed circuit board manufacture.

Electroplating

Varian Associates
COMPANY NAME
National Electronics
PLANT IDENTIFICATION
Geneva, Ill. (60134)
PLANT LOCATION (ZIP CODE)

2. Individual Process Line Information (Base Year 1976)

Please provide the following information for each electroplating line shown in the block diagram. Electroplating includes plating, electroplating, electroless plating, anodizing, etching, conversion coating, and printed circuit board manufacture. Use a separate copy of this page for each production line.

A. Identify this process line as shown in block diagram. Aluminum etch

B. What is the base material processed? Aluminum

C. What is the processing rate in terms of area electroplated* for each step? N/A
ft²/hr.

D. If masking is used, what is the rate in terms of masked area passing through each step? ft²/hr (omit this question for Printed Circuit Boards).

E. How many hours per day does the line operate? 8 hr/day

F. Does water flow through rinses when line is not operating?

☐ YES ☒ NO

If YES, give flow rate gph and duration of flow in average hours/week when line not operating hrs/week.

G. What is the operating amperage of each step?

amps for N/A

amps for

amps for

H. If a plating line, what is thickness of plate in each step?

in. for N/A

in. for

in. for

I. Is this process line

☒ Manual

☐ Rack

☐ Automatic

☐ Barrel

☐ Semi-automatic

☒ Basket

*Area immersed for printed circuit board manufacture.

REASON FOR CHEMICAL REDUCTION:

1. PROCESS CHANGES Electroplating
2. NOW RECIRCULATING ACIDS GIVING THEM LONGER LIFE
3. DISCONTINUED CERTAIN PRODUCT TYPES

Varian Associates
COMPANY NAME

National Electronics ()
PLANT IDENTIFICATION

Geneva, Ill. (60134)
PLANT LOCATION (ZIP CODE)

PART IV RAW MATERIALS (BASE YEAR 1976)

1. BASIS MATERIAL. For each basis material processed, please list the present consumption in pounds per year.

Copper ~~40,000~~ 55000

Silicon 500

Aluminum ~~500~~ 3000

2. PROCESS CHEMICALS. For each process chemical, solution, bath or cleaning operation applied to the basis material, please list (a) the composition if available or supplier's trade name and number, and (b) give approximate consumption in pounds or gallons per year.

HCl ~~3500~~ 17000 lbs. HF ~~50,000~~ 6900 lbs. H₂SO₄ ~~15,000~~ 3800 lbs. Acetic Acid ~~5000~~ 1

HNO₃ ~~20,000~~ 7200 lbs. H₃PO₄ ~~3000~~ 960 lbs. SNAC 15 lbs.

SNAP 5 lbs. Sodium Cyanide 16 lbs. Sodium Hydroxide 20 lbs.

Copper Cyanide 10 lbs. #630 Copper Solution 5 gal. Acetone ~~44,000~~ 9000 lbs.

Ammonium Fluoride 672 lbs. Freon ~~10,000~~ 3400 lbs. Nickel Sulfate 75 gal.

Ammonium Hydroxide ~~2500~~ 120 lbs. Trichloroethylene ~~70,000~~ 17000 lbs.

Boric Acid 50 lbs.

3. CHELATING AGENTS. List any known chelating agents used in process and the metal that each complexes.

Glutonic Acid ~~30~~ 55 gal./year - Remove various metallic ions from surface of glass envelopes used for electron tubes.

4. WASTE WATER TREATMENT CHEMICALS. For each treatment process, please list chemical used and present consumption in pounds or gallons per year (i.e. lime, caustic, flocculating agent, etc.)

Hydrated Lime ~~24~~ 0 Tons NO LONGER A NEED FOR

Sodium Hypochlorite 320 gal. NEUTRALIZING

Liquid Caustic ~~5000~~ 0 gal.

Electroplating

Varian Associates
COMPANY NAME

National Electronics
PLANT IDENTIFICATION

Geneva, Ill. 60134
PLANT LOCATION (ZIP CODE)

Part VIII WASTE WATER TREATMENT PROCESS COST INFORMATION

For coating purposes, include major modifications as separate systems.

1. Treatment (or pretreatment) systems.

Treatment System or Modification Identification	Date Installed Or to be Installed Year	Original Capital Cost (\$)	Operating Costs (\$/yr)	Waste Streams Treated	Energy Requirements (kw-hr/yr)
Lime-caustic Neutralizing Pit	1970	\$ 500.	\$11,000.	1	1.0
Treatment Lagoons	1969	\$15,000.	\$ 3,000.	1 & 2	nil

No Longer NEUTRALIZING

2. For waste waters discharged to a POTW

- A. Is there a user charge for discharge to the POTW? ☐ YES ☐ NO
- B. If YES, what is the user charge rate? \$ _____/1000 gal.
- C. What is the basis for the user charge? _____

Part IX ECONOMIC ANALYSIS DATA

1. Total sales from this facility (1976) \$ 9.4 million
2. Value added by electroplating at this facility (1976) \$ 100,000.

NOTE: This may be estimated in the following ways.

Check method used:

- A. ☐ Total sales if only electroplating is performed at this facility.
- B. ☐ Fraction of sales attributable to electroplating operations.
- C. ☒ Competitive cost for equivalent electroplating if done by outside sources.
- D. ☐ Other - explain _____

Electroplating

Varian Associates
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National Electronics
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Geneva, Ill. (60134)
PLANT LOCATION (ZIP CODE)

Part V WATER SUPPLY AND USAGE (TOTAL PLANT)

1. Water Supply Source

Type	Average gph (during plant operation)
A. River	_____
B. Lake	<u>1000</u>
C. Municipal	_____
D. Well	<u>4000</u>
E. Other (specify)	_____

(Average gph is defined as the number of gallons consumed per year divided by the total number of hours worked per year).

2. Water Usage

Type	Average gph (during plant operation)	Make-up Water	Recycled Water	Discharged Water
A. Total Electroplating Process Water*	<u>250</u>	<u>-0-</u>	<u>250</u>	
B. Process Water (Other than for Electroplating)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	
C. Cooling or Heating Water (contact)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	
D. Cooling or Heating Water (non-contact)	<u>3850</u>	<u>100</u>	<u>3950</u>	
E. Sanitary Water	<u>800</u>	<u>-0-</u>	<u>800</u>	
F. Other Non-Process Water (specify)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

* Should be consistent with water usage in block diagram, or reason for discrepancy noted.

Electroplating

Varian Associates
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PLANT LOCATION (ZIP CODE)

Part VI: PROCESS WASTE WATER

1. Municipal Discharge

- A. Is any process waste water from the electroplating operation discharged to a municipal waste treatment facility? (POTW)

☒ YES ☒ NO

- B. If answer is YES, please indicate the following information about the POTW.

Name _____

Mailing Address _____

Approximate daily flow _____ mgd

- C. Is discharge to POTW regulated by municipal pretreatment ordinance?

☒ YES ☐ NO

- D. Waste water discharge mode

a) ☐ Batch ☐ Continuous

b) If continuous, give discharge rate _____ gpm

c) If batch, give discharge mode characteristics

i) _____ times per (day, week, month, year)

ii) duration _____ hours

iii) quantity _____ gallons

2. Direct Discharge

- A. Is any process waste water from the electroplating operation discharged to surface waters?

☒ YES ☐ NO

- B. If YES, what percent? 100 %

- C. Waste water discharge mode

a) ☐ Batch ☒ Continuous

b) If continuous, give discharge rate 4 gpm

c) If batch, give discharge mode characteristics

i) _____ times per (day, week, month, year)

ii) duration _____ hours

iii) quantity _____ gallons

Electroplating

Varian Associates
COMPANY NAME

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Geneva, Ill. (60134)
PLANT LOCATION (ZIP CODE)

3. Process Waste Water Treatment

A. Is any process waste water treated at this facility before discharge?

☒ YES

☐ NO

B. If YES, what percent of total water treated is from electroplating 5 %

C. Please indicate the source and amounts of waters other than electroplating process waste water treated by this facility.

75-80 gpm Cooling and sanitary water
source

D. Are any electroplating process waste waters treated separately before mixing with other process waste waters for further treatment?

☒ YES

☐ NO

E. If YES, specify waste water streams treated and treatment details.

Waste acid rinse waters. PH adjusted with lime and caustic.

PH NO LONGER NEEDS ADJUSTING

4. Age

A. Year electroplating facilities installed 1970

B. Year of latest modification to electroplating facilities 1970

C. Year of waste water treatment facility installation to handle electroplating waste waters 1971

D. Year of latest modification to waste water treatment facility 1971

E. Nature of modification _____

5. A. Indicate NPDES permit number, if applicable, and the expiration date.

IL0024333
Number

4/30/1979
Expiration Date

B. To what state or EPA office is self sampling monitoring data submitted?

Illinois

6. Other Regulations

A. Is waste water discharge regulated by municipal ordinance or regulation?

☐ YES

☒ NO

B. If YES, please identify. _____

Electroplating

Varian Associates
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National Electronics
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Geneva, Ill. (60134)
PLANT LOCATION (ZIP CODE)

Part VII WASTE WATER CHARACTERISTICS

1. Historical Data On Composition of Waste Water Streams

Please complete the following for each process waste water and treated process waste water stream, using additional pages for additional streams.

A. Indicate location of this stream as shown in process or waste treatment block diagram.

Waste Water Stream #1

B. Is flow at this point ☐ batch or ☒ continuous.

C. Please indicate approximate number of chemical analyses made of this stream during 1976 and 1977.

☒ less than 10 ☐ 10 to 50 ☐ more than 50

D. Is sample type ☒ grab or ☐ composite.

E. If composite, the stream was sampled every _____ minutes, and these samples were composited over a total period of _____ hours. Sampling was ☐ time proportioned or ☐ flow proportioned.

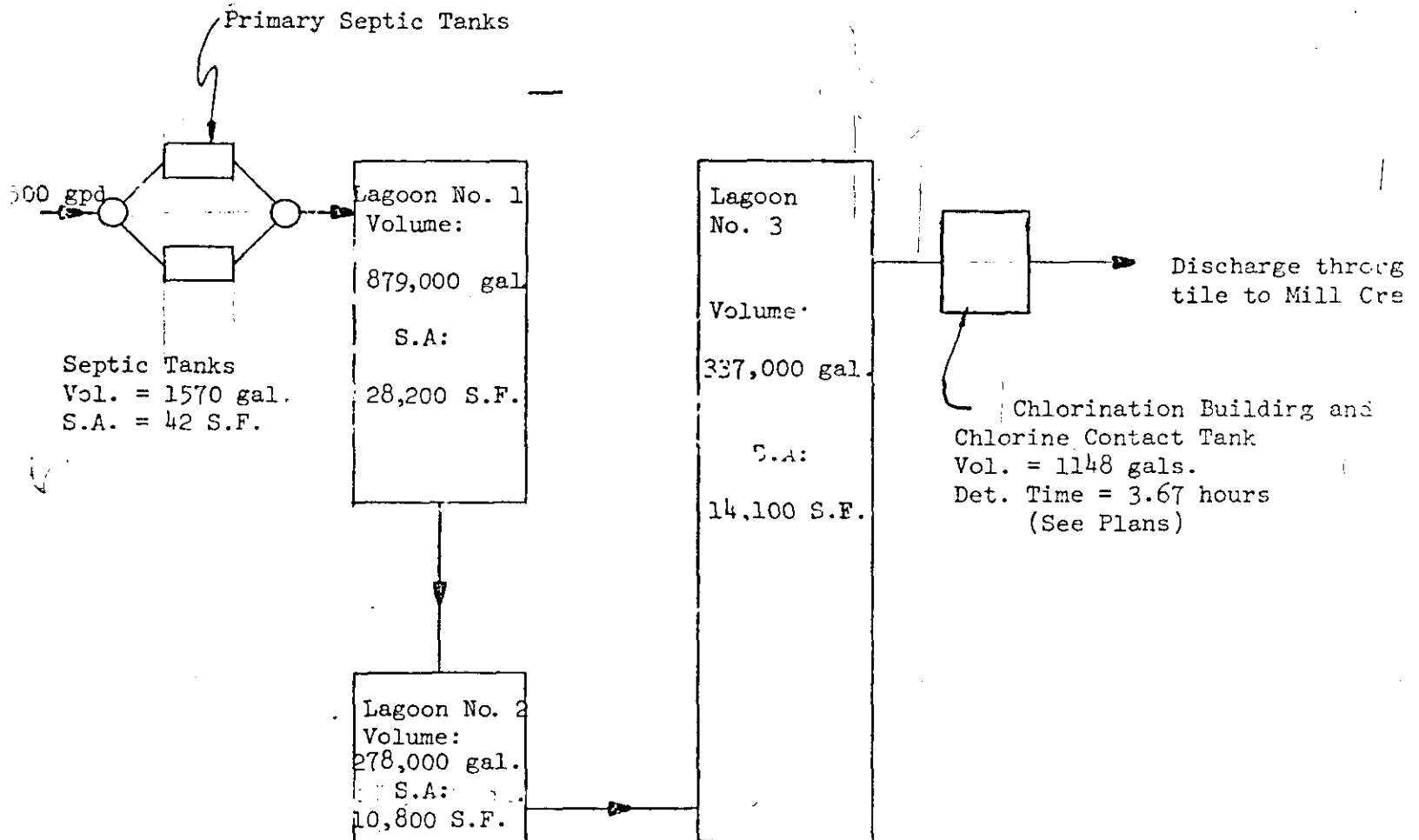
F. What is the flow rate at this point? 4 gpm

Please indicate the typical composition of this stream.

Constituents	Concentration (mg/l)	Dissolved (D) or Total (T)	Analytical Method			
			Standard Methods	EPA	ASTM	Other (specify)
1. Tests not made. The pH is			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. monitored and controlled.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

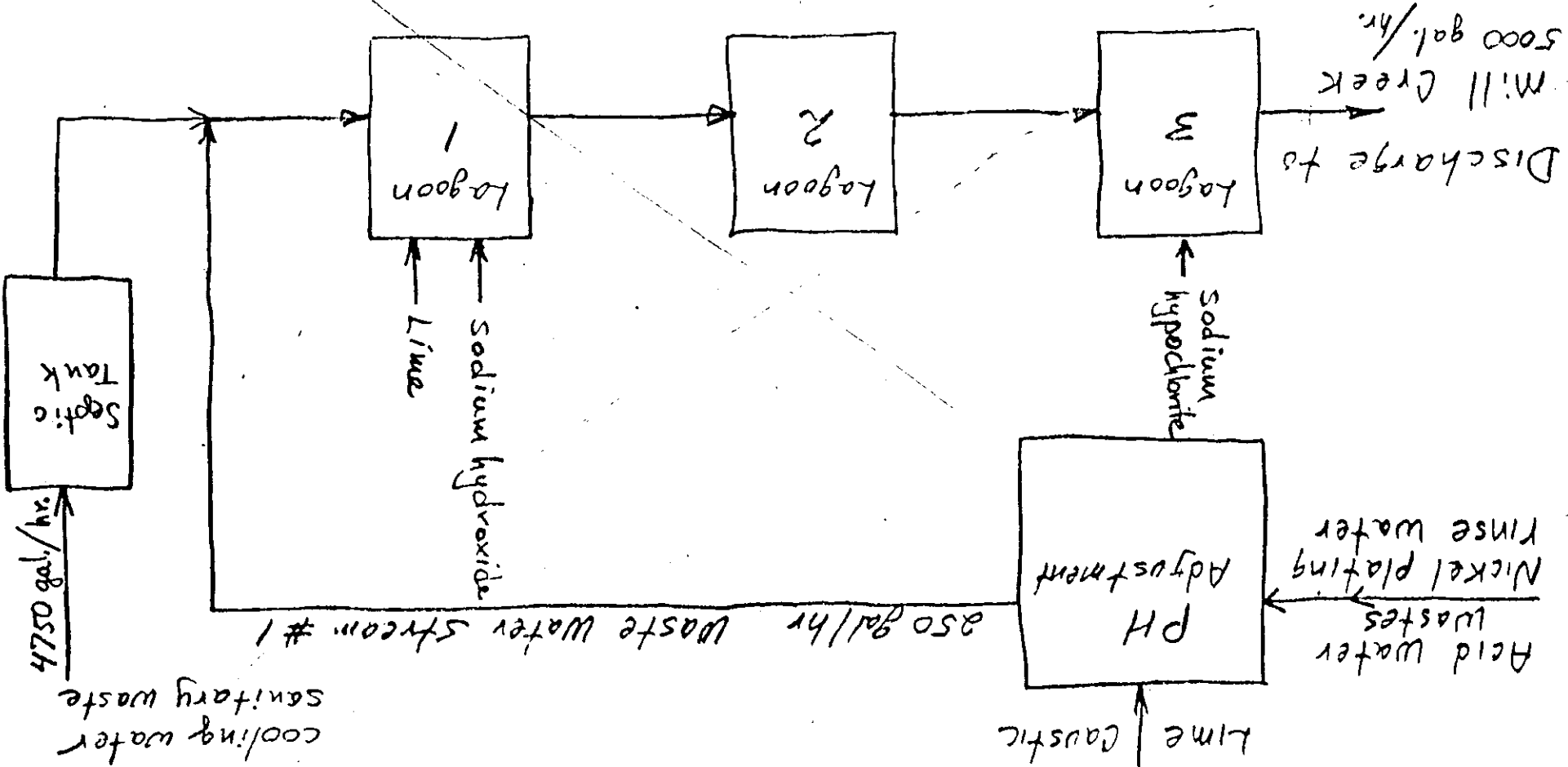
FIGURE I

Schematic Flow Diagram For National Electronics
Water Pollution Control Facilities



WASTE WATER TREATMENT SYSTEM

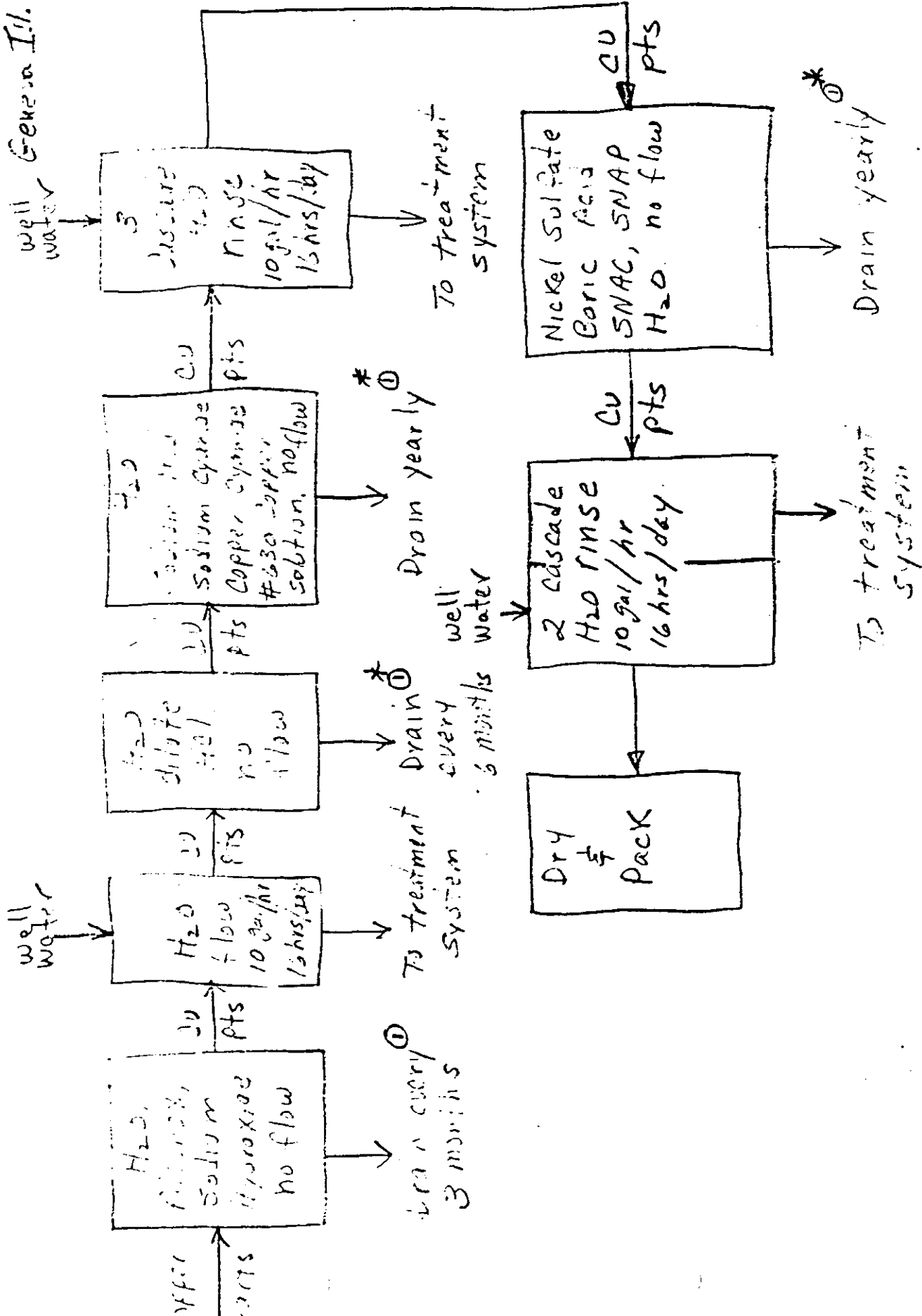
Varian
National Elec
60134



Sewage Treatment Lagoons (3) Earthen (Biological Treatment)

NICKEL PLATING PROCESS

Var. *capitata* (L.)
National Herb.
Geneva, Ill. 60134



* ① These wastes collected in containers for removal by licensed Service.

VARIAN/NATIONAL
Box 249
GENEVA ILL 60134

INSTRUCTIONS

2-3)

1L

ST

14-18) 002 4333
PERMIT NUMBER

117-19) 003
DIS SIC

LATITUDE LONGITUDE

REPORTING PERIOD FROM

20-21) 22-23) 24-25)
8 0 4 0 1
YEAR MO DAY

TO

26-27) 28-29) 30-31)
8 0 4 3 0
YEAR MO DAY

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		(3 card only)					(4 card only)					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTITY				UNITS	CONCENTRATION						
		(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	NO. EX		(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-69) NO. EX		
50050	REPORTED	.009	.0115	.015		MGD	0						1/7
	PERMIT CONDITION	—	—	—								1/7	GR
00010	REPORTED	5.7	7.2	11.4	°C	0					1/7	GR	
	PERMIT CONDITION	—	—	32.2								1/7	GR
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
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DISCHARGE 001

5-1	5-8	5-15	5-22	5-29	
Flow	.006	.001	.0031	.005	.004
BOD5	/	/	/	/	17
SUS. SOLIDS	/	/	/	/	36
AMMONIA N	/	/	/	/	.35
FECAL COL	/	/	/	/	< .20
PH	8.8	7.8	8.2	7.8	8.4

AV - 8.5
AV - .005

DISCHARGE 003

5-1	5-8	5-15	5-22	5-29	
Flow	0	0	0	0	0
TEMP	—	—	—	—	—

DISCHARGE 003

5-1	5-8	5-15	5-22	5-29	
Flow	.0011	.0010	.010	.012	
TEMP.	14°	14°	17.7	22.5	

AV. 17.1



ENVIRO-TEST, INC.

319 OGDEN AVENUE
DOWNERS GROVE, ILLINOIS 60515
(313) 963-4672

CERTIFIED LABORATORY REPORT

Attention Mr. H. Haase Date received 5/30/80
Company National Electronics Date completed 6/5/80
Division _____ P.O.# _____
Address P.O. Box 269
City Geneva State Illinois Zip 60134

Analysis #	Sample Identification	Date
C1516	Wastewater for May	

SAMPLE	C1516								
BOD, 5 day	17								
Nitrogen, ammonia,	.35								
as N									
Solids, suspended	36								
(non-filt.)									
Fecal coliforms	LT 20								
per 100 mls									

ALL RESULTS IN mg/l UNLESS OTHERWISE NOTED

Testing is in accordance with procedures outlined in:

- *** 1. Standard Methods for the Examination of Water and Wastewater, APHA-AWWA-WPCF, 14th ed., 1976
2. Methods for Chemical Analysis of Water and Wastes, EPA, 1974
3. "Water, Atmospheric Analysis", Part 31 ASTM Standards, 1976

Comments:

Certified by: R. J. Jakubiec Date: 6/5/80

R. J. Jakubiec, PhD President and Laboratory Director

Checked and Approved by: _____ Date: _____

Supervisor

NATIONAL POLLUTANT DISCHARGE MINIMATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

VARIAN/NATIONAL
ETC

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(12-15) 1L ST	(14-16) 0024333 PERMIT NUMBER	(17-19) 003 DIS	(20-21) 8 YEAR	(22-23) 0 MO	(24-25) 5 DAY	(26-27) 8 YEAR	(28-29) 0 MO	(30-31) 5 DAY
			REPORTING PERIOD: FROM			TO		

PARAMETER		(3 card only)				NO. EX	(4 card only)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
50050	REPORTED	.001	.0038	.006	MGD	0					1/7	GIL	
	PERMIT CONDITION	-	-	-									
00010	REPORTED	14	17.1	22.5	°C	0					1/7	GIL	
	PERMIT CONDITION	-	-	32.2									
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST	FIRST	MI	TITLE	YEAR	MO		
LOEB	EUGENE	F	OPERATION MANAGER	9	10	12	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

VARIAN / NATIONAL
ETC

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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
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(12-38) IL ST	(14-16) 0024333 PERMIT NUMBER	(17-19) 002 DIS	(20-21) SIC	(22-23) LATITUDE	(24-25) LONGITUDE
REPORTING PERIOD: FROM		(26-27) 86 YEAR	(28-29) 05 MO	(30-31) 01 DAY	TO
		(32-33) 86 YEAR	(34-35) 05 MO	(36-37) 31 DAY	

PARAMETER		(3 card only)				NO. EX	(4 card only)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
50050	REPORTED			0	MGD	0					1/7	Gr	
	PERMIT CONDITION	-	-	-									
00010	REPORTED				°C	0					1/7	Gr	
	PERMIT CONDITION	-	-	32.2									
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
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	PERMIT CONDITION												
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	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

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LAST	FIRST	MI	TITLE	YEAR	MO		
LOEB	EUGENE	F.	OPERATION MANAGER	86	06	11	

NATIONAL POLLUTANT DISCHARGE MINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

VARIAN/NATIONAL

Box 269 Geneva IL 60134

INSTRUCTIONS

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(12-31) IL ST	(4-10) 0024333 PERMIT NUMBER	(17-19) 001 DIS	(20-21) 8 YEAR	(22-23) 0 MO	(24-25) 5 DAY	(26-27) 8 YEAR	(28-29) 0 MO	(30-31) 5 DAY
		(17-19) SIC						
		(17-19) LATITUDE						
		(17-19) LONGITUDE						

REPORTING PERIOD: FROM

TO

PARAMETER		QUANTITY (3 card only)				UNITS	NO. EX	CONCENTRATION (4 card only)				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	MINIMUM (62-69)			AVERAGE (70-77)	MAXIMUM (78-85)						
50050	REPORTED	.001	.004	.006	MGD	0							1/7	GR	
	PERMIT CONDITION	—	—	—									1/7	GR	
00310	REPORTED								17	MGL	0	1/30	GR		
	PERMIT CONDITION							25	1/30		GR				
00530	REPORTED							36	MGL	1	1/30	GR			
	PERMIT CONDITION						30	1/30		GR					
00610	REPORTED							0.35	MGL	0	1/30	GR			
	PERMIT CONDITION						1.5	1/30		GR					
31616	REPORTED							20	N/100 ML	0	1/30	GR			
	PERMIT CONDITION						400	1/30		GR					
00410	REPORTED	7.8	8.2	8.8	SAND UNIT	0						1/7	GR		
	PERMIT CONDITION	6.0	—	9.0						1/7	GR				
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST	FIRST	MI	TITLE			YEAR	MO	DAY		
LOEB	EUGENE	F	OPERATION MANAGER			8	0	6		

REPORTING PERIOD 6-1-80 TO 6-30-80

DISCHARGE 001

	6/5	6/12	6/19	6/23	
FLOW	.001	.002	.004	.004	AV. .004
BOD5		/	/	6	
SUS. SOLIDS		/	/	6	
AMMONIA & N		/	/	.13	
FECAL COL		/	/	> 20	
PH	7.4	8.8	8.2	8.8	

DISCHARGE 002

	6/5	6/12	6/19	6/22	
FLOW	0	0	0	0	
TEMP	—	—	—	—	

DISCHARGE 003

	6/5	6/12	6/19	6/22	
FLOW	0.12	.015	.011	.012	
TEMP.	20°C	19.8°C	20	22	



ENVIRO-TEST, INC.

319 Ogden Avenue
Downers Grove, Illinois 60515
(312) 963-4672

LABORATORY REPORT

On Mr. H. Haase Date received 6/24/80
Company National Electronics Date completed 7/2/80
Division _____ P.O.# _____
Address P.O. Box 269
City Geneva State Illinois Zip 60134

Analysis #	Sample Identification	Date
C1895	Wastewater for June	

Comments: LT means less than.

SAMPLE	1895				SAMPLE	1895			
Acids, Organic & Volatile					Manganese				
Acidity, as CaCO ₃					Mercury, ug/l (ppb)				
Alkalinity, phthln, as CaCO ₃					Molybdenum				
Alkalinity, total, as CaCO ₃					Nickel				
Aluminum					Nitrogen, ammonia, as N	.13			
Arsenic					Nitrogen, organic, as N				
Barium					Nitrogen, total, as N				
Beryllium					Nitrate, as N				
Bicarbonate					Nitrite, as N				
BOD, 5 day	6				pH				
BOD, ultimate					Phenols				
Bismuth					Phosphate, soluble, as PO ₄				
Boron					Phosphate, total, as PO ₄				
Bromide					Potassium				
Bromine					Selenium				
Carbon Dioxide, free					Silica, as SiO ₂				
Chloride					Silver				
Chlorinated Hydrocarbons					Sodium				
Chlorine					Solids/Residue, total				
Chromium					Solids, dissolved (filterable)				
Chromium, hexavalent					Solids, fixed				
Cobalt					Solids, settleable				
COD					Solids, suspended (non-filt.)	6			
Color, Co/Pt units					Solids, volatile				
Conductivity					Specific gravity				
Copper					Strontium				
Cyanide, free					Sulfate, as SO ₄				
Cyanide, total					Sulfide, as S				
Dissolved Oxygen					Sulfite, as SO ₂				
EDTA					Surfactants, MBAS				
Fluoride					Tin				
Grease & Oil					Turbidity				
Hardness, total, as CaCO ₃					Vanadium				
Hydrocarbons					Zinc				
Iron					Other:				
Iron, Dissolved					Fecal Coliforms	LT 20			
Lead					per 100mls				
Lithium									
Magnesium									

ALL RESULTS IN mg/l UNLESS OTHERWISE NOTED

Testing is in accordance with procedures outlined in:

1. Standard Methods for the Examination of Water and Wastewater, APHA-AWWA-WPCF, 14th ed., 1976
2. Methods for Chemical Analysis of Water and Wastes, EPA, 1974
3. "Water, Atmospheric Analysis", Part 31, ASTM Standards, 197

d by: R. J. Jakubiec Date: _____
R. J. Jakubiec, PhD, President and Laboratory Director

Checked and Approved by: _____ Date: _____

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT**

Form Approved
OMB NO. 158-R0073

Via Air/Post
Box 269
Gresham, OR 97030

INSTRUCTIONS

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6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(12-31) 12 ST	(14-16) 0024332 PERMIT NUMBER	(17-19) 501 DIS	(20-21) SIC	(22-23) LATITUDE	(24-25) LONGITUDE
REPORTING PERIOD: FROM		(26-27) 30 YEAR	(28-29) 06 MO	(30-31) 01 DAY	TO
		(32-33) 810 YEAR	(34-35) 06 MO	(36-37) 30 DAY	

PARAMETER		(3 card only)					NO. EX	(4 card only)					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS			MINIMUM	AVERAGE	MAXIMUM	UNITS				
00050	REPORTED	0.003	0.0045	0.007	MGD	0						1/7	GR		
	PERMIT CONDITION	—	—	—									1/7	GR	
00310	REPORTED						—	—	6	MGL	0	1/30	GR		
	PERMIT CONDITION						—	10	25				1/30	GR	
00530	REPORTED						—	—	6	MGL	0	1/30	GR		
	PERMIT CONDITION						—	12	30				1/30	GR	
00610	REPORTED						—	—	0.13	MGL	0	1/30	GR		
	PERMIT CONDITION						—	—	1.5				1/30	GR	
21616	REPORTED								< 20	MGL	0	1/30	GR		
	PERMIT CONDITION								400				1/30	GR	
001100	REPORTED	7.4	8.3	8.8	STANDARD UNIT	0						1/7	GR		
	PERMIT CONDITION	6.0	—	4.0									1/7	GR	
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST	FIRST	MI	TITLE	YEAR	MO	DAY				
LOC9	EUGENE	F	OPERATIONS MANAGER	710	17	01				

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

VACUUM/NO. 100
P.O. 269
GROVE RD 00124

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(12-31) 12 57	(14-16) 000433 PERMIT NUMBER	(17-19) 012 DIS	(20-21) SIC	(22-23) LATITUDE	(24-25) LONGITUDE
---------------------	------------------------------------	-----------------------	----------------	---------------------	----------------------

REPORTING PERIOD: FROM (20-21) 210 (22-23) 06 (24-25) 01 TO (26-27) 210 (28-29) 06 (30-31) 01
YEAR MO DAY YEAR MO DAY

(132-37) PARAMETER		(3 card only) QUANTITY (38-45) (46-53) (54-61) (62-63) MINIMUM AVERAGE MAXIMUM UNITS NO. EX					(4 card only) CONCENTRATION (38-45) (46-53) (54-61) (62-63) MINIMUM AVERAGE MAXIMUM UNITS NO. EX					(64-68) FREQUENCY OF ANALYSIS	(69-70) SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX		
50050	REPORTED			0		0						1/1	GR
	PERMIT CONDITION	—	—	—	MGD							1/1	GR
00010	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
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	PERMIT CONDITION												
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	PERMIT CONDITION												
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	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER LOEB EUGENE F			TITLE OF THE OFFICER OPERATIONS MANAGER			DATE 810017018			I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST	FIRST	MI	TITLE	YEAR	MO	DAY				

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT**

Form Approved
OMB NO. 154-R0073

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REPORTING PERIOD: FROM

TO

PARAMETER		(3 card only) QUANTITY				UNITS	NO. EX	(4 card only) CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
50050	REPORTED	.011	.0125	.015	MGD	0						1/7	GR	
	PERMIT CONDITION	-	-	-									1/7	GR
00010	REPORTED	18"	20"	22"	°C	0						1/7	GR	
	PERMIT CONDITION	-	-	32.2									1/7	GR
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
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LAST	FIRST	MI	TITLE	YEAR	MO		
LOER	EUGENE	F	OPERATION MANAGER	8	6	17	

DISCHARGE 001

6/5	6/12	6/10	6/5
Flow	1.221	1.063	1.004
BOD5	6	6	6
SUS. Solids	6	6	6
AMMONIA & N	6	6	6
FECAL COL	6	6	6
P.H.	7.4	8.8	8.2

DISCHARGE 002

6/5	6/12	6/10	6/5
Flow	0	0	0
TEMP	-	-	-

DISCHARGE 003

6/5	6/12	6/10	6/5
Flow	0.12	0.11	0.12
TEMP.	20°C	18.8°C	20

Electroplating

Part 1 GENERAL INFORMATION

1. Name of Corporation Varian Associates Inc.
2. Address of Corporate Headquarters
- Street 611 Hansen Way
- City Palo Alto
- State California Zip Code 94303
3. Name of Plant National Electronics, Division of Varian
- Street P.O. Box 269
- City Geneva
- State Illinois Zip Code 60134
4. Name(s) of personnel to be contacted for information pertaining to this portfolio.
- | | | |
|--------------------------|--------------------------------|-------------------------|
| J.J. Sullivan | General Manager | 312-232-4300 |
| (NAME) | (TITLE) | (TELEPHONE) |
| | GENERAL MANAGER | |
| E.F. Loeb | Operations Manager | 312-232-4300 |
| (NAME) | (TITLE) | (TELEPHONE) |
| H. Haase | Facility Supervisor | 312-232-4300 |
| (NAME) | (TITLE) | (TELEPHONE) |
5. Total Number of Employees at this Facility 340 220
6. Age of Facility
- A. Year plant built 1965
- B. Year of latest major modification 1970
7. Zip Code for Physical Location of Manufacturing Facility 60147
60134
(Not necessarily mailing address)
8. Type of Electroplating Shop:
- A. ☐ Do not perform electroplating functions.
- B. ☐ Job ☒ Captive
- C. Percent of electroplating done on materials owned by others (basis area plated) -0-

Electroplating

Varian Associates
COMPANY NAME

National Electronics
PLANT IDENTIFICATION

Geneva, Ill. (60134)
PLANT LOCATION (CITY, STATE, COUNTRY)

Part II HISTORICAL PRODUCTION INFORMATION

1. Total number of production employees engaged in electroplating 306
2. Number of electroplating lines 3 lines.
3. Number of shifts per day 2, working days per year 250, hours per shift 8
4. Are coated area production records kept? ☐ YES ☒ NO
If YES, give average plant production rate in square feet per hour (divide total square footage for past twelve months by the number of working hours in a year).

 ft²/hr.

If NO, give an estimate of average production rate.

1.0 ft²/hr. (est.)

5. Please check the types of products finished at your plant and indicate approximate percent of total plated area of production.

Parts plated with common metals

☒

40

Parts plated with precious metals

☐

Continuous strip & wire plating

☐

Anodized parts

☐

Conversion coated parts

☐

Continuous strip and wire conversion coating

☐

Chemical etched or milled parts

☒

60

Electroless plated parts

☐

Immersion plated parts

☐

Printed circuit boards

☐

Continuous strip and wire anodizing

☐

6. Are there any production processes other than those listed in 5 (above) performed at your plant?

☒ YES

☐ NO

If YES, please list processes below.

Brazing, welding, assembly, vacuum processing.

7. If shop is captive, indicate below the commodities that electroplated parts are used in.

Power Semiconductor Components (silicon thyristors & rectifiers)

What other products are manufactured at this facility? Ignitrons;

Gaseous Electron tubes; Cold cathode readout tubes.

8. If a job shop, what type of commodities are electroplated parts used in?

1. Nickel plating of copper
2. Acid etching of silicon
3. Acid etching of aluminum

Varian Associates
Company Name

National Electronics
Plant Identification

Process reported See above.

Geneva, Ill. (60134)
Plant Location

Priority Pollutant

	<u>KTBP</u>	<u>BTBP</u>	<u>BTBA</u>	<u>KTBA</u>
001 Acenaphthene	_____	_____	X	_____
002 Acrolein	_____	_____	X	_____
003 Acrylonitrile	_____	_____	X	_____
004 Benzene	_____	_____	X	_____
005 Benzidine	_____	_____	X	_____
006 Carbon tetrachloride (tetrachloromethane)	_____	_____	X	_____
007 Chlorobenzene	_____	_____	X	_____
008 1,2,4-trichlorobenzene	_____	_____	X	_____
009 Hexachlorobenzene	_____	_____	X	_____
010 1,2-dichloroethane	_____	_____	X	_____
011 1,1,1-trichloroethane	_____	_____	X	_____
012 Hexachloroethane	_____	_____	X	_____
013 1,1-dichloroethane	_____	_____	X	_____
014 1,1,2-trichloroethane	_____	_____	X	_____
015 1,1,2,2-tetrachloroethane	_____	_____	X	_____
016 Chloroethane	_____	_____	X	_____
017 Bis (chloromethyl) ether	_____	_____	X	_____
018 Bis (2-chloroethyl) ether	_____	_____	X	_____
019 2-chloroethyl vinyl ether (mixed)	_____	_____	X	_____
020 2-chloronaphthalene	_____	_____	X	_____
021 2,4,6-trichlorophenol	_____	_____	X	_____
022 Parachlorometa cresol	_____	_____	X	_____
023 Chloroform (trichloromethane)	_____	_____	X	_____

Varian Associates
Company Name

National Electronics
Plant Identification

Geneva, Ill. (60134)
Plant Location

<u>Priority Pollutant</u>	<u>KTBP</u>	<u>BTBP</u>	<u>BTBA</u>	<u>KTBA</u>
024 2-chlorophenol	_____	_____	X	_____
025 1,2-dichlorobenzene	_____	_____	X	_____
026 1,3-dichlorobenzene	_____	_____	X	_____
027 1,4-dichlorobenzene	_____	_____	X	_____
028 3,3-dichlorobenzidine	_____	_____	X	_____
029 1,1-dichloroethylene	_____	_____	X	_____
030 1,2-trans-dichloroethylene	_____	_____	X	_____
031 2,4-dichlorophenol	_____	_____	X	_____
032 1,2-dichloropropane	_____	_____	X	_____
033 1,2-dichloropropylene (1,3-dichloropropene)	_____	_____	X	_____
034 2,4-dimethylphenol	_____	_____	X	_____
035 2,4-dinitrotoluene	_____	_____	X	_____
036 2,6-dinitrotoluene	_____	_____	X	_____
037 1,2-diphenylhydrazine	_____	_____	X	_____
038 Ethylbenzene	_____	_____	X	_____
039 Fluoranthene	_____	_____	X	_____
040 4-chlorophenyl phenyl ether	_____	_____	X	_____
041 4-bromophenyl phenyl ether	_____	_____	X	_____
042 Bis(2-chloroisopropyl) ether	_____	_____	X	_____
043 Bis(2-chloroethoxy) methane	_____	X	X	_____
044 Methylene chloride (dichloromethane)	_____	_____	X	_____
045 Methyl chloride (chloromethane)	_____	_____	X	_____
046 Methyl bromide (bromomethane)	_____	_____	X	_____

MISTAKEN FOR METHANOL

Varian Associates
Company Name

National Electronics
Plant Identification

Geneva, Ill. (60134)

Plant Location

Priority Pollutant

KTBP BTBP BTBA KTBA

047. Bromoform (tribromomethane)

_____ _____ X _____

048 Dichlorobromomethane

_____ _____ X _____

049 Trichlorofluoromethane

_____ _____ X _____

050 Dichlorodifluoromethane

_____ _____ X _____

051 Chlorodibromomethane

_____ _____ X _____

052 Hexachlorobutadiene

_____ _____ X _____

053 Hexachlorocyclopentadiene

_____ _____ X _____

054 Isophorone

_____ _____ X _____

055 Naphthalene

_____ _____ X _____

056 Nitrobenzene

_____ _____ X _____

057 2-nitrophenol

_____ _____ X _____

058 4-nitrophenol

_____ _____ X _____

059 2,4-dinitrophenol

_____ _____ X _____

060 4,6-dinitro-o-cresol

_____ _____ X _____

061 N-nitrosodimethylamine

_____ _____ X _____

062 N-nitrosodiphenylamine

_____ _____ X _____

063 N-nitrosodi-n-propylamine

_____ _____ X _____

064 Pentachlorophenol

_____ _____ X _____

065 Phenol

_____ _____ X _____

066 Bis(2-ethylhexyl) phthalate

_____ _____ X _____

067 Butyl benzyl phthalate

_____ _____ X _____

068 Di-n-butyl phthalate

_____ _____ X _____

069 Di-n-octyl phthalate

_____ _____ X _____

070 Diethyl phthalate

_____ _____ X _____

Varian Associates.

Company Name

ional Electronics

Plant Identification

Geneva, Ill. (60134)

Plant Location

Priority Pollutant

	<u>KTBP</u>	<u>BTBP</u>	<u>BTBA</u>	<u>KTBA</u>
071 Dimethyl phthalate	_____	_____	X	_____
072 1,2-benzanthracene (benzo(a)anthracene)	_____	_____	X	_____
073 Benzo(a)pyrene (3,4-benzopyrene)	_____	_____	X	_____
074 3,4-Benzofluoranthene (benzo(b)fluoranthene)	_____	_____	X	_____
075 11,12-benzofluoranthene (benzo(k)fluoranthene)	_____	_____	X	_____
076 Chrysene	_____	_____	X	_____
077 Acenaphthylene	_____	_____	X	_____
078 Anthracene *	_____	_____	X	_____
079 1,12-benzoperylene (benzo(ghi)perylene)	_____	_____	X	_____
080 Fluorene	_____	_____	X	_____
081 Phenanthrene	_____	_____	X	_____
082 1,2,5,6-dibenzanthracene (dibenzo(a,h)anthracene)	_____	_____	X	_____
083 Indeno(1,2,3-cd) pyrene (2,3-o-phenylene pyrene)	_____	_____	X	_____
084 Pyrene	_____	_____	X	_____
085 Tetrachloroethylene	_____	_____	X	_____
086 Toluene	_____	_____	X	_____
087 Trichloroethylene	_____	X	_____	_____
088 Vinyl chloride (chloroethylene)	_____	_____	X	_____
089 Aldrin	_____	_____	X	_____

Varian Associates
Company Name
National Electronics
Plant Identification
Geneva, Ill. (60134)
Plant Location

Priority Pollutant

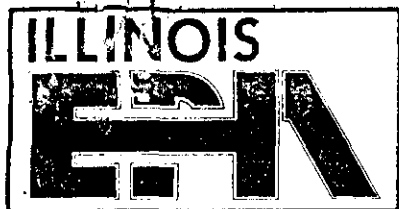
	<u>KTBP</u>	<u>BTBP</u>	<u>BTBA</u>	<u>KTBA</u>
090 Dieldrin	_____	_____	X	_____
091 Chlordane (technical mixture and metabolites)	_____	_____	X	_____
092 4,4-DDT	_____	_____	X	_____
093 4,4-DDE (p,p-DDX)	_____	_____	X	_____
094 4,4-DDD (p,p-TDE)	_____	_____	X	_____
095 Alpha-endosulfan	_____	_____	X	_____
096 Beta-endosulfan	_____	_____	X	_____
097 Endosulfan sulfate	_____	_____	X	_____
098 Endrin	_____	_____	X	_____
099 Endrin aldehyde	_____	_____	X	_____
100 Heptachlor	_____	_____	X	_____
101 Heptachlor epoxide (BHC-hexachlorocyclohexane)	_____	_____	X	_____
102 Alpha-BHC	_____	_____	X	_____
103 Beta-BHC	_____	_____	X	_____
104 Gamma-BHC (lindane)	_____	_____	X	_____
105 Delta-BHC (PCB-polychlorinated biphenyls)	_____	_____	X	_____
106 PCB-1242 (Arochlor 1242)	_____	_____	X	_____
107 PCB-1254 (Arochlor 1254)	_____	_____	X	_____
108 PCB-1221 (Arochlor 1221)	_____	_____	X	_____
109 PCB-1232 (Arochlor 1232)	_____	_____	X	_____
110 PCB-1248 (Arochlor 1248)	_____	_____	X	_____
111 PCB-1260 (Arochlor 1260)	_____	_____	X	_____

National Electronics
 Plant Identification
 Geneva, Ill. (60134)
 Plant Location

Priority Pollutant	KTBP	BTBP	BTBA	KTBA
112 PCB-1016 (Arochlor 1016)			X	
113 Toxaphene			X	
114 Antimony			X	
115 Arsenic			X	
116 Asbestos		X →	X	
117 Beryllium			X	
118 Cadmium			X	
119 Chromium			X	
120 Copper	X			
121 Cyanide	X			
122 Lead			X	
123 Mercury		X		
124 Nickel	X			
125 Selenium			X	
126 Silver		X		
127 Thallium			X	
128 Zinc			X	
129 2,3,7,8-tetrachlorodibenzo- p-dioxin (TCDD)			X	
*130 Xylenes			X	
*131 Alkyl epoxides			X	

KTBP - Known to be Present
 BTBP - Believed to be Present
 KTBA - Known to be Absent
 BTBA - Believed to be Absent

* Not listed in original consent decree



Environmental Protection Agency

2200 Churchill Road, Springfield, Illinois 62706

217/782-6760

*Varian / National
Kessinger Rd.
La Fox, Ill.
60147*

*Closed Site National Electronics
Haz Waste Records*
RECEIVED
APR 21 1990
NATIONAL ELECTRONICS

Dear Special Waste Generator:

Pursuant to HB 453, and the Hazardous Waste criteria developed by the IEPA thereunder, the special waste which you generate and which is permitted for disposal under supplemental permit # 792894 is considered hazardous. Therefore, this waste is subject to the fee of \$0.01/gal (or \$2.02/cubic yard) unless it is treated prior to disposal and made to be non-hazardous.

The waste was determined to be hazardous in the category or categories checked below.

☒ Toxicity ☐ Infectious ☐ Reactive
☐ Corrosiveness ☒ Flammability ☐ Persistence

All categories were not necessarily reviewed by the Agency.

Should you wish to challenge the Agency's designation, please submit documentation in the form of laboratory results for each of the categories checked above.

If you choose to submit additional data, laboratory procedures delineated in the IEPA Hazardous Waste criteria must be followed.

If you have any further questions or comments, please do not hesitate contacting us.

Very truly yours,

Michael L. Miller

Michael L. Miller
Manager, Hazardous Waste Unit
Land Technical Operations Section
Division of Land/Noise Pollution Control

JP:bv/0801B/3

cc: Site Owner/Operator

Sheffield



Environmental Protection Agency

2200 Churchill Road, Springfield, Illinois 62706

217/782-6760

*Varian National
Keeslinger Rd.
La Fox, Ill. 60147*

RECEIVED
APR 21 1980
NATIONAL ELECTRONICS

Dear Special Waste Generator:

Pursuant to HB 453, and the Hazardous Waste criteria developed by the IEPA thereunder, the special waste which you generate and which is permitted for disposal under supplemental permit # 792893 is considered hazardous. Therefore, this waste is subject to the fee of \$0.01/gal (or \$2.02/cubic yard) unless it is treated prior to disposal and made to be non-hazardous.

The waste was determined to be hazardous in the category or categories checked below.

<input checked="" type="checkbox"/> Toxicity	<input type="checkbox"/> Infectious	<input type="checkbox"/> Reactive
<input checked="" type="checkbox"/> Corrosiveness	<input type="checkbox"/> Flammability	<input type="checkbox"/> Persistence

All categories were not necessarily reviewed by the Agency.

Should you wish to challenge the Agency's designation, please submit documentation in the form of laboratory results for each of the categories checked above.

If you choose to submit additional data, laboratory procedures delineated in the IEPA Hazardous Waste criteria must be followed.

If you have any further questions or comments, please do not hesitate contacting us.

Very truly yours,

Michael L. Miller

Michael L. Miller
Manager, Hazardous Waste Unit
Land Technical Operations Section
Division of Land/Noise Pollution Control

JP:bv/0801B/3

cc: Site Owner/Operator

Sheffield

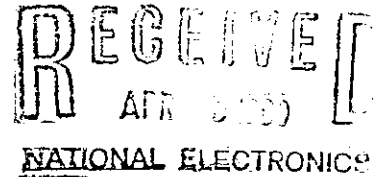


Environmental Protection Agency

2200 Churchill Road, Springfield, Illinois 62706

217/782-6760

Varian / National
Kiesinger Rd.
LaFayette, IL. 60147



Dear Special Waste Generator:

Pursuant to HB 453, and the Hazardous Waste criteria developed by the IEPA thereunder, the special waste which you generate and which is permitted for disposal under supplemental permit # 800006 is considered hazardous. Therefore, this waste is subject to the fee of \$0.01/gal (or \$2.02/cubic yard) unless it is treated prior to disposal and made to be non-hazardous.

The waste was determined to be hazardous in the category or categories checked below.

<input checked="" type="checkbox"/> Toxicity	<input type="checkbox"/> Infectious	<input type="checkbox"/> Reactive
<input checked="" type="checkbox"/> Corrosiveness	<input type="checkbox"/> Flammability	<input type="checkbox"/> Persistence

All categories were not necessarily reviewed by the Agency.

Should you wish to challenge the Agency's designation, please submit documentation in the form of laboratory results for each of the categories checked above.

If you choose to submit additional data, laboratory procedures delineated in the IEPA Hazardous Waste criteria must be followed.

If you have any further questions or comments, please do not hesitate contacting us.

Very truly yours,

Michael L. Miller

Michael L. Miller
Manager, Hazardous Waste Unit
Land Technical Operations Section
Division of Land/Noise Pollution Control

JP:bv/0801B/3

cc: Site Owner/Operator

Shuffield

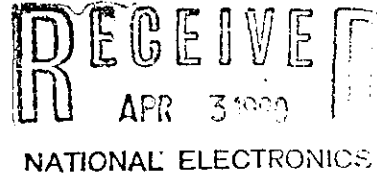


Environmental Protection Agency

2200 Churchill Road, Springfield, Illinois 62706

217/782-6760

*Varian / National
Kessinger Rd.
La Fox, Il. 60147*



Dear Special Waste Generator:

Pursuant to HB 453, and the Hazardous Waste criteria developed by the IEPA thereunder, the special waste which you generate and which is permitted for disposal under supplemental permit # 800005 is considered hazardous. Therefore, this waste is subject to the fee of \$0.01/gal (or \$2.02/cubic yard) unless it is treated prior to disposal and made to be non-hazardous.

The waste was determined to be hazardous in the category or categories checked below.

<input checked="" type="checkbox"/> Toxicity	<input type="checkbox"/> Infectious	<input type="checkbox"/> Reactive
<input type="checkbox"/> Corrosiveness	<input checked="" type="checkbox"/> Flammability	<input type="checkbox"/> Persistence

All categories were not necessarily reviewed by the Agency.

Should you wish to challenge the Agency's designation, please submit documentation in the form of laboratory results for each of the categories checked above.

If you choose to submit additional data, laboratory procedures delineated in the IEPA Hazardous Waste criteria must be followed.

If you have any further questions or comments, please do not hesitate contacting us.

Very truly yours,

Michael L. Miller

Michael L. Miller
Manager, Hazardous Waste Unit
Land Technical Operations Section
Division of Land/Noise Pollution Control

JP:bv/08018/3

cc: Site Owner/Operator

Sheffield

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND/NOISE POLLUTION CONTROL
SPECIAL WASTE DISPOSAL APPLICATION

CARD TYPE DATE 9/13/79 L P S W C AUTHORIZATION NUMBER 997185 TRANS CODE A DATE ENTERED (Agency Use) 11, 02, 79

WASTE HAULER

HAULER REGISTRATION NUMBER 0201 NAME WASTE RESEARCH AND RECLAMATION
ADDRESS ROUTE 3 COMMUNITY EAU CLAIRE
COUNTY EAU CLAIRE STATE WI ZIP 54701 AREA CODE 715 TELEPHONE 834-9624

WASTE GENERATOR

GENERATOR CODE 0898990001 NAME VARIAN/NATIONAL
ADDRESS KESLINGER ROAD COMMUNITY LA FOX
COUNTY KANE STATE IL ZIP 60147 AREA CODE 312 TELEPHONE 232-4300
GENERATOR CONTACT NAME MARK PETERSON
DUNS NUMBER _____ SIC CODE _____

PROCESS NAME CLEANING

WASTE CHARACTERISTICS

GENERIC WASTE NAME SOLVENTS

IUPAC WASTE NAME _____

TOTAL ANNUAL WASTE VOLUME 17500 VOLUME UNITS 2 WASTE PHASE 3

TRANSPORT FREQUENCY 7 WASTE CLASS (Agency Use) 64, 65 1 = CUBIC YARDS 1 = SOLID
2 = GALLONS 2 = SEMI-SOLID
3 = LIQUID
4 = GAS

1 = ONE TIME 5 = MONTHLY
2 = DAILY 6 = BI-MONTHLY
3 = WEEKLY 7 = QUARTERLY
4 = BI-WEEKLY 8 = SEMI-ANNUALLY

(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 25):

INHALATION TOXICITY 2 DERMAL TOXICITY 2 INGESTIVE TOXICITY 2 INFECTIOUS 24 REACTIVITY 25 EXPLOSIVE 26

FLASH POINT 0F ALPHA RADIATION 31 (pCi/L) 36 COMPOSITION 37

1 = ORGANIC
2 = INORGANIC

PERCENT ACIDITY	PERCENT ALKALINITY	pH	PERCENT TOTAL SOLIDS	PERCENT ASH CONTENT
KEY COMPONENT NAME	PERCENT	KEY COMPONENT NAME	PERCENT	
1 ACETONE	33.0	2 METHANOL	33	
3 TRICHLOROETHYLENE	44.0			
5				

7500 gals trichloro
5700 gals acetone
1400 gal methanol

RECEIVED

OCT 31 1979

E.P.A. - D.L.P.C.
STATE OF ILLINOIS

L P S W C

AUTHORIZATION NUMBER

997185

TRANS
CODEDATE ENTERED
(Agency Use)

16 16 / 17 18 / 19 20

WASTE CHARACTERISTICS

METAL KEY	TOTAL	(PPM)	LEACH	(PPM)	METAL KEY	TOTAL	(PPM)	LEACH	(PPM)
CN	0 1	31	32	33	Cu	0 2	41	42	43
Ag	0 3	34	35	36	Hg	0 4	44	45	46
As	0 5	37	38	39	Ni	0 6	47	48	49
Ba	0 7	40	41	42	Pb	0 8	50	51	52
Cd	0 9	43	44	45	Se	1 0	53	54	55
Cr	1 1	46	47	48	Zn	1 2	56	57	58

LABORATORY NAME

CERTIFICATION NUMBER

REVIEWED BY:

1 SITE CODE 9 5 5 0 3 5 0 1 SITE NAME WASTE RESEARCH AND RECLAMATION

DISPOSAL METHOD 1 5 NEUTRALIZATION METHOD

STATUS A START DATE 11/18/77

SIGNATURE

(SITE OWNER)

EXPIRATION DATE 11/18/80

SIGNATURE

(SITE OPERATOR)

2 SITE CODE SITE NAME

DISPOSAL METHOD NEUTRALIZATION METHOD

STATUS START DATE / /

SIGNATURE

(SITE OWNER)

EXPIRATION DATE / /

SIGNATURE

(SITE OPERATOR)

3 SITE CODE SITE NAME

DISPOSAL METHOD NEUTRALIZATION METHOD

STATUS START DATE / /

SIGNATURE

(SITE OWNER)

EXPIRATION DATE / /

SIGNATURE

(SITE OPERATOR)

4 SITE CODE SITE NAME

DISPOSAL METHOD NEUTRALIZATION METHOD

STATUS START DATE / /

SIGNATURE

(SITE OWNER)

EXPIRATION DATE / /

SIGNATURE

(SITE OPERATOR)

5 SITE CODE SITE NAME

DISPOSAL METHOD NEUTRALIZATION METHOD

STATUS START DATE / /

SIGNATURE

(SITE OWNER)

EXPIRATION DATE / /

SIGNATURE

(SITE OPERATOR)

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND/NOISE POLLUTION CONTROL
SPECIAL WASTE DISPOSAL APPLICATION

PERMIT ISSUED

CARD TYPE DATE 11-15-79 L P S W C AUTHORIZATION NUMBER 8000005 TRANS CODE 13 DATE ENTERED (Agency Use) 1 1 19 79

WASTE HAULER

1 6 HAULER REGISTRATION NUMBER 0088 NAME NUCLEAR ENGINEERING CO.
8 7 ADDRESS P.O. Box 158 COMMUNITY SHEEFIELD
COUNTY BUREAU STATE IL ZIP 61361 AREA CODE 815 TELEPHONE 4542624

WASTE GENERATOR

GENERATOR CODE 0898990001 NAME VARIAN/NATIONAL
26 36 ADDRESS KESLINGER RD. COMMUNITY LAFOX
COUNTY KANE STATE IL ZIP 60147 AREA CODE 312 TELEPHONE 2324300
GENERATOR CONTACT NAME MARK PETERSON
DUNS NUMBER 009120817 SIC CODE 3673

2 0 PROCESS NAME CLEANING
6 7

WASTE CHARACTERISTICS

GENERIC WASTE NAME SPENT MIXED SOLVENTS

4 0 IUPAC WASTE NAME
8 7

TOTAL ANNUAL WASTE VOLUME 17500 VOLUME UNITS 2 WASTE PHASE 3

TRANSPORT FREQUENCY 2 WASTE CLASS (Agency Use) 64 65 1 = CUBIC YARDS 1 = SOLID
2 = GALLONS 2 = SEMI-SOLID
3 = LIQUID
4 = GAS
1 = ONE TIME 5 = MONTHLY
2 = DAILY 6 = BI-MONTHLY
3 = WEEKLY 7 = QUARTERLY
4 = BI-WEEKLY 8 = SEMI-ANNUALLY

(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):

5 0 INHALATION TOXICITY 3 DERMAL TOXICITY 2 INGESTIVE TOXICITY 3 INFECTIOUS 24 REACTIVITY 25 EXPLOSIVE 26
6 7

FLASH POINT 30°F ALPHA RADIATION 31 (pCi/L) 36 COMPOSITION 2

1 = ORGANIC
2 = INORGANIC

PERCENT ACIDITY 38 PERCENT ALKALINITY 41 PH 7.0 PERCENT TOTAL SOLIDS 47 PERCENT ASH CONTENT 52

6 0 KEY COMPONENT NAME PERCENT KEY COMPONENT NAME PERCENT
8 7

1 22 ACETONE 25.0 2 49 METHANOL 25.0
3 22 TRICHLOROETHYLENE 25.0 4 49 ISOPROPYL 25.0
5 22 6 49

RECEIVED

JAN 11 1980

SECTION "C"

E.P.A. — D.L.P.C.
STATE OF ILLINOIS

ALL NECESSARY SAFETY
PRECAUTIONS WILL BE
TAKEN

WASTE CHARACTERISTICS

5
21

SITE CODE _____ SITE NAME _____

DISPOSAL METHOD _____ NEUTRALIZATION METHOD _____

STATUS _____ START DATE _____ / _____ / _____ EXPIRATION DATE _____ / _____ / _____

SIGNATURE _____ SIGNATURE _____

(SITE OWNER) (SITE OPERATOR)

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND/NOISE POLLUTION CONTROL
SPECIAL WASTE DISPOSAL APPLICATION

PERMIT ISSUED

CARD TYPE DATE 11-15-79 1 P S W C AUTHORIZATION NUMBER 792894 TRANS CODE A DATE ENTERED (Agency Use) 11/20/79

WASTE HAULER

HAULER REGISTRATION NUMBER 0088 NAME NUCLEAR ENGINEERING CO.
ADDRESS P.O. Box 158 COMMUNITY SHEFFIELD
COUNTY BUREAU STATE IL ZIP 61361 AREA CODE 815 TELEPHONE 4542624

WASTE GENERATOR

GENERATOR CODE 0898990001 NAME VARIAN/NATIONAL
ADDRESS KESLINGER RD. COMMUNITY LAFOX
COUNTY KANE STATE IL ZIP 60147 AREA CODE 312 TELEPHONE 2324300
GENERATOR CONTACT NAME MARK PETERSON
DUNS NUMBER 009120817 SIC CODE 3673

PROCESS NAME CLEANING

WASTE CHARACTERISTICS

GENERIC WASTE NAME SPENT MIXED SOLVENTS

IUPAC WASTE NAME
TOTAL ANNUAL WASTE VOLUME 17500 VOLUME UNITS 2 WASTE PHASE 3
TRANSPORT FREQUENCY 2 WASTE CLASS (Agency Use)
1 = ONE TIME 5 = MONTHLY 1 = CUBIC YARDS 1 = SOLID
2 = DAILY 6 = BI-MONTHLY 2 = GALLONS 2 = SEMI-SOLID
3 = WEEKLY 7 = QUARTERLY 3 = LIQUID
4 = BI-WEEKLY 8 = SEMI-ANNUALLY 4 = GAS

(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):

INHALATION TOXICITY 3 DERMAL TOXICITY 2 INGESTIVE TOXICITY 3 INFECTIOUS REACTIVITY EXPLOSIVE
FLASH POINT 30°F ALPHA RADIATION (pCi/L) COMPOSITION
1 = ORGANIC
2 = INORGANIC

PERCENT ACIDITY PERCENT ALKALINITY pH 7.0 PERCENT TOTAL SOLIDS PERCENT ASH CONTENT
KEY COMPONENT NAME PERCENT KEY COMPONENT NAME PERCENT
1 ACETONE 25.0 2 METHANOL 25.0
3 TRICHLOROETHYLENE 25.0 4 ISOPROPYL 25.0

ALL NECESSARY SAFETY
PRECAUTIONS WILL BE
TAKEN

SECTION "C"

RECEIVED

NOV 20 1979

E.P.A.-D.L.P.C.
STATE OF ILLINOIS

CARD TYPE DATE 11-15-79 L P S W C AUTHORIZATION NUMBER 792894 TRANS CODE A DATE ENTERED (Agency Use) 11, 20, 79

WASTE CHARACTERISTICS

METAL KEY	TOTAL	(PPM)	LEACH	(PPM)	METAL KEY	TOTAL	(PPM)	LEACH	(PPM)
CN	0 1				Cu	0 2			
Ag	0 3				Hg	0 4			
As	0 5				Ni	0 6			
Ba	0 7				Pb	0 8			
Cd	0 9				Se	1 0			
Cr	1 1				Zn	1 2			

LABORATORY NAME VARIAN
CERTIFICATION NUMBER
REVIEWED BY: DVFT Thomas E. O'Connell
SITE CODE 01109503 SITE NAME SHEFFIELD/NUCLEAR #2
DISPOSAL METHOD 05 NEUTRALIZATION METHOD
STATUS A START DATE 02 06 80 EXPIRATION DATE 02 06 81
SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

SITE CODE SITE NAME
DISPOSAL METHOD NEUTRALIZATION METHOD
STATUS START DATE EXPIRATION DATE
SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

SITE CODE SITE NAME
DISPOSAL METHOD NEUTRALIZATION METHOD
STATUS START DATE EXPIRATION DATE
SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

SITE CODE SITE NAME
DISPOSAL METHOD NEUTRALIZATION METHOD
STATUS START DATE EXPIRATION DATE
SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

SITE CODE SITE NAME
DISPOSAL METHOD NEUTRALIZATION METHOD
STATUS START DATE EXPIRATION DATE
SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

PERMIT ISSUED

WASTE HAULER

WASTE GENERATOR

WASTE CHARACTERISTICS

5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

E.P.A. — D.L.P.C.
STATE OF ILLINOIS

CARD
TYPE

DATE 11-15-79

L P S W C

AUTHORIZATION NUMBER

TRANS
CODE

DATE ENTERED
(Agency Use)

WASTE CHARACTERISTICS

METAL KEY	TOTAL	(PPM)	LEACH	(PPM)	METAL KEY	TOTAL	(PPM)	LEACH	(PPM)
CN	0 1				Cu	0 2			
Ag	0 3				Hg	0 4			
As	0 5				Ni	0 6			
Ba	0 7				Pb	0 8			
Cd	0 9				Se	1 0			
Cr	1 1				Zn	1 2			

8 0
6 7

LABORATORY NAME VARIAN

CERTIFICATION NUMBER

REVIEWED BY:

9 0
8 7

1 SITE CODE 01109503 SITE NAME SHEFFIELD/NUCLEAR #2

DISPOSAL METHOD 08 NEUTRALIZATION METHOD

STATUS A START DATE 02 06 80

SIGNATURE [Signature]
(SITE OWNER)

EXPIRATION DATE 02 06 81

SIGNATURE [Signature]
(SITE OPERATOR)

2
21

SITE CODE SITE NAME

DISPOSAL METHOD NEUTRALIZATION METHOD

STATUS START DATE

SIGNATURE
(SITE OWNER)

EXPIRATION DATE

SIGNATURE
(SITE OPERATOR)

3
21

SITE CODE SITE NAME

DISPOSAL METHOD NEUTRALIZATION METHOD

STATUS START DATE

SIGNATURE
(SITE OWNER)

EXPIRATION DATE

SIGNATURE
(SITE OPERATOR)

4
21

SITE CODE SITE NAME

DISPOSAL METHOD NEUTRALIZATION METHOD

STATUS START DATE

SIGNATURE
(SITE OWNER)

EXPIRATION DATE

SIGNATURE
(SITE OPERATOR)

5
21

SITE CODE SITE NAME

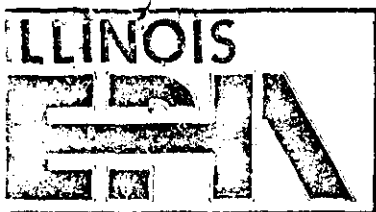
DISPOSAL METHOD NEUTRALIZATION METHOD

STATUS START DATE

SIGNATURE
(SITE OWNER)

EXPIRATION DATE

SIGNATURE
(SITE OPERATOR)



Environmental Protection Agency

2200 Churchill Road, Springfield, Illinois 62706

217/782-6760

Dear Generator:

Enclosed are manifests to be used to accompany the transport of your waste material to a treatment, storage or disposal facility. The numbers needed to complete the manifests can be found on the enclosed completed copy of the Special Waste Disposal Application. When completing the manifest, the authorization number, generator code, and site code on the Special Waste Disposal Application must be used. The S.W.H. Registration Number to be completed on the manifest is the number which is displayed on the side of the hauler vehicle. Also enclosed is an example manifest and explanation.

These numbers and manifests have been assigned to you so that you can comply with the Chapter 9: Special Waste Hauling Regulations. The Agency is not issuing a permit. Further, the Agency does not certify the environmental compliance status of the treatment, storage, or disposal facility. Nor does it attest to the facility's ability to properly handle your waste. In the future the Agency will seek to confirm each facility's compliance and capabilities, however, at present it is the generator's responsibility to assure that its wastes are treated, stored or disposed of properly.

All information on the completed Special Waste Disposal Application is being entered in the Agency's computer data bank. Should you choose to utilize a different treatment, storage, or disposal facility, please advise this office in advance so that the computer records can be updated to assure compatibility with your completed manifests. In addition, the Agency will provide you with a new site code to be used when completing the manifest.

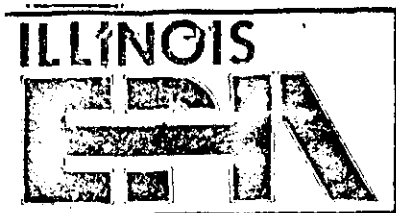
If you have any questions regarding this matter, please contact this office at (217) 782-6760.

Very truly yours,

Michael L. Miller, Manager
Hazardous Waste Unit
Division of Land/Noise Pollution Control

MLM:jb/8574A/2

Enclosures



Environmental Protection Agency

2200 Churchill Road, Springfield, Illinois 62706

INSTRUCTIONS FOR FILLING OUT THE MANIFEST FORMS

The Generator is responsible for information completed in the upper two-thirds of the form.

In conjunction with the Special Waste Disposal Application forms, the Authorization Number on the Manifest, 8 thru 13, is the same as 8 thru 13 on Special Waste Disposal Application.

Generator Number, 14 thru 24, is the same as Generator Code Number, 25 thru 35, on the Special Waste Disposal Application.

Special Waste Hauler Numbers, 25 thru 31, are as follows: The first four numbers are the Hauler Registration Number, items 21 thru 24 of the S.W.D.A. The next three numbers are the Vehicle Number. Both of these set of numbers can be obtained from the Decal on the vehicle transporting the waste.

The Site Number, 39 thru 46, is the same as Site Code, 22 thru 29, of the S.W.D.A.

Waste Name is the Generic Waste name on the S.W.D.A.

Hauler, when filling out the quantity of waste, use the spaces on the right side if the quantity is less than six (6) figures.

(Circle One) Gallons, Cubic yards and place the number beside each on line 53.

Circle the method of shipment. The hauler must sign in the space for Authorized Signature and fill in date numbers, 54 thru 59.

After completed, the generator then pulls the last two (2) copies, keeping the last copy (yellow, part 6) and sending the next to last copy (green, part 5) to Illinois Environmental Protection Agency.

COMPLETED BY
GENERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
SPECIAL WASTE HAULING MANIFEST
WASTE GENERATOR

00000005

Authorization Number 123456

ABC

(Company Name)

123 474 ST

Address

Windy

City

IL

State

60000

Zip

Generator Number

WASTE HAULER(S)

Bob Jones

Hauler Name

Hauler Address

S.W.H. Registration Number 0010001

2)

Hauler Name

Hauler Address

S.W.H. Registration Number

DESTINATION - DISPOSAL STORAGE OR TREATMENT SITE

Windy / Smith

(Facility Name)

1 ST Ave.

Address

03100101

Site Number

City

State

Zip

3) BE COMPLETED BY
ASTE GENERATOR

WASTE NAME

Paint Solvent

WASTE PHASE:

(Liquid, Gaseous, Solid)

4) THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW

SHIPPING DESCRIPTION

HAZARD CLASS

5) THIS IS TO CERTIFY THAT THE ABOVE NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION,
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION

6) I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE

(Authorized Signature)

WASTE HAULER

QUANTITY OF WASTE RECEIVED 005000

1 GALLONS
2 CUBIC YARDS

(Circle One)

METHOD OF SHIPMENT (Circle One)

DRUMS

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

7) I HEREBY CERTIFY THAT THE ABOVE DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS
INDICATED

1) (Authorized Signature)

DATE

2) (Authorized Signature)

DATE

DISPOSAL, STORAGE, OR TREATMENT FACILITY

8) I HEREBY CERTIFY THAT THE ABOVE DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED

(Authorized Signature)

DATE

COMMENTS OR SPECIAL INSTRUCTIONS

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND/NOISE POLLUTION CONTROL
SPECIAL WASTE DISPOSAL APPLICATION

CARD TYPE DATE 1 6 6 7 1 P S W C AUTHORIZATION NUMBER 123456 TRANS CODE 13 DATE ENTERED (Agency Use) 15 18 1 17 18 1 19 20

WASTE HAULER

HAULER REGISTRATION NUMBER 0010 NAME Bob Jones
ADDRESS _____ COMMUNITY _____
COUNTY _____ STATE _____ ZIP _____ AREA CODE _____ TELEPHONE _____

WASTE GENERATOR

GENERATOR CODE 0312610001 NAME A B C
ADDRESS 123 4th St COMMUNITY Windy
COUNTY _____ STATE IL ZIP 6200 AREA CODE _____ TELEPHONE _____
GENERATOR CONTACT NAME _____
DUNS NUMBER _____ SIC CODE _____

PROCESS NAME _____

WASTE CHARACTERISTICS

GENERIC WASTE NAME PAINT SOLVENT
IUPAC WASTE NAME _____
TOTAL ANNUAL WASTE VOLUME _____ VOLUME UNITS _____ WASTE PHASE _____
TRANSPORT FREQUENCY _____ WASTE CLASS (Agency Use) _____
1 = ONE TIME 5 = MONTHLY 1 = CUBIC YARDS 1 = SOLID
2 = DAILY 6 = BI-MONTHLY 2 = GALLONS 2 = SEMI-SOLID
3 = WEEKLY 7 = QUARTERLY 3 = LIQUID
4 = BI-WEEKLY 8 = SEMI-ANNUALLY 4 = GAS

(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):

INHALATION TOXICITY _____ DERMAL TOXICITY _____ INGESTIVE TOXICITY _____ INFECTIOUS _____ REACTIVITY _____ EXPLOSIVE _____
FLASH POINT _____ OF _____ ALPHA RADIATION _____ (pCi/L) _____ COMPOSITION _____
1 = ORGANIC
2 = INORGANIC

PERCENT ACIDITY _____ PERCENT ALKALINITY _____ pH _____ PERCENT TOTAL SOLIDS _____ PERCENT ASH CONTENT _____
KEY COMPONENT NAME _____ PERCENT _____ KEY COMPONENT NAME _____ PERCENT _____
1 2
3 4
5 6

CARD TYPE DATE 1 P S W C AUTHORIZATION NUMBER 123456 TRANS CODE 14 DATE ENTERED (Agency Use) 15 / 16 / 17 18 / 19 20

WASTE CHARACTERISTICS

METAL KEY	TOTAL	(PPM)	LEACH	(PPM)	METAL KEY	TOTAL	(PPM)	LEACH	(PPM)
CN	01				Cu	02			
Ag	03				Hg	04			
As	05				Ni	06			
Ba	07				Pb	08			
Cd	09				Se	10			
Cr	11				Zn	12			

LABORATORY NAME 21 40
CERTIFICATION NUMBER 41 50 REVIEWED BY: 51 53 54 56
1 SITE CODE 03100101 SITE NAME Windy / Smith
DISPOSAL METHOD 30 31 NEUTRALIZATION METHOD 32 33
STATUS 34 START DATE 35 36 / 37 38 / 39 40 EXPIRATION DATE 41 42 / 43 44 / 45 46
SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

2 SITE CODE 22 29 SITE NAME
DISPOSAL METHOD 30 31 NEUTRALIZATION METHOD 32 33
STATUS 34 START DATE 35 36 / 37 38 / 39 40 EXPIRATION DATE 41 42 / 43 44 / 45 46
SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

3 SITE CODE 22 29 SITE NAME
DISPOSAL METHOD 30 31 NEUTRALIZATION METHOD 32 33
STATUS 34 START DATE 35 36 / 37 38 / 39 40 EXPIRATION DATE 41 42 / 43 44 / 45 46
SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

4 SITE CODE 22 29 SITE NAME
DISPOSAL METHOD 30 31 NEUTRALIZATION METHOD 32 33
STATUS 34 START DATE 35 36 / 37 38 / 39 40 EXPIRATION DATE 41 42 / 43 44 / 45 46
SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

5 SITE CODE 22 29 SITE NAME
DISPOSAL METHOD 30 31 NEUTRALIZATION METHOD 32 33
STATUS 34 START DATE 35 36 / 37 38 / 39 40 EXPIRATION DATE 41 42 / 43 44 / 45 46
SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
SPECIAL WASTE HAULING MANIFEST
WASTE GENERATOR

0156875

Authorization Number 997185

VARIAN/NATIONAL
(Company Name)

KESSLINGER ROAD
Address

LA Fox
City

ILLINOIS 60147
State Zip

0898990001
Generator Number

WASTE HAULER(S)

947 THESE NO.
FROM TRUCK
DECAL

(1) WASTE RESEARCH & RECLAMATION RT. 3 EAU CLAIRE WI.
Hauler Name Hauler Address

S.W.H. Registration Number 0201

(2) _____
Hauler Name Hauler Address

S.W.H. Registration Number _____

DESTINATION - DISPOSAL STORAGE OR TREATMENT SITE

WASTE RESEARCH AND RECLAMATION ROUTE 3
(Facility Name) Address

95503501
Site Number

EAU CLAIRE WISCONSIN 54701
City State Zip

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME: SOLVENTS

WASTE PHASE: LIQUID
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION:

SOLVENTS, N.O.S.

HAZARD CLASS:

FLAMMABLE LIQUID

THIS IS TO CERTIFY THAT THE ABOVE-NAMED SPECIAL WASTE IS PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

DATE: DAYS DATE

(Authorized Signature)

WASTE HAULER*

QUANTITY OF WASTE RECEIVED: 47 52

1 GALLONS (Circle One)
2 CU. YDS. 53

METHOD OF SHIPMENT (Circle One) DRUMS TANK TRUCK OPEN TRUCK OTHER (Specify)

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) _____
(Authorized Signature)

DATE: 54 59

(2) _____
(Authorized Signature)

DATE: 60 65

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED SPECIAL WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED:

(Authorized Signature)

DATE: 60 65

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART - 6 GENERATOR

GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

PULL THE LAST TWO COPIES OF THIS FORM - KEEP THE LAST COPY (yellow)
AND SEND THE REST TO THE DOT (GREEN) - TOP



NATIONAL ELECTRONICS/a varian division/geneva, illinois 60134 (312) 232-4300

November 8, 1979

Ms. Vicki Lenz
Nuclear Engineering Co., Inc.
9200 Shelbyville Road
Suite 526
P. O. Box 7246
Louisville, Kentucky 40207

Dear Vicki:

Please find attached the Illinois Environmental Protection Agency forms; in addition, I have enclosed our account information form that you requested.

I have contacted the I.E.P.A. and requested expediency in processing these applications as winter will soon be upon us.

Thank you for your assistance in expediting this situation.

Sincerely,

Mark D. Peterson, Buyer
NATIONAL ELECTRONICS

MDP:iem

Enc.

cc: R. L. Prevost
H. Haase
✓ L. C. Walker
E. F. Loeb

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND/NOISE POLLUTION CONTROL
SPECIAL WASTE DISPOSAL APPLICATION

CARD TYPE DATE 11/06/79 L P S W C AUTHORIZATION NUMBER 1 TRANS CODE 13 DATE ENTERED (Agency Use) 15 / 16 / 17 18 / 19 20

WASTE HAULER

16 HAULER REGISTRATION NUMBER 21 NAME 24
6 ADDRESS COMMUNITY
COUNTY STATE ZIP AREA CODE TELEPHONE 60

WASTE GENERATOR

GENERATOR CODE 35 NAME 6 VARIAN/NATIONAL
ADDRESS KESLINGER ROAD COMMUNITY LA FOX
COUNTY KANE STATE IL ZIP 60147 AREA CODE 312 TELEPHONE 232 4300
GENERATOR CONTACT NAME MARK PETERSON
DUNS NUMBER 00-912-0817 SIC CODE 367300 65

20 PROCESS NAME 21 CLEANING 60
6

WASTE CHARACTERISTICS

GENERIC WASTE NAME 81 SPENT MIXED SOLVENTS 80

40 IUPAC WASTE NAME 21 50
6

TOTAL ANNUAL WASTE VOLUME 81 17500 VOLUME UNITS 2 WASTE PHASE 3
80 62

TRANSPORT FREQUENCY 63 WASTE CLASS (Agency Use) 64 65
1 = ONE TIME 5 = MONTHLY 1 = CUBIC YARDS 1 = SOLID
2 = DAILY 6 = BI-MONTHLY 2 = GALLONS 2 = SEMI-SOLID
3 = WEEKLY 7 = QUARTERLY 3 = LIQUID
4 = BI-WEEKLY 8 = SEMI-ANNUALLY 4 = GAS

(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):

50 INHALATION TOXICITY 21 DERMAL TOXICITY 22 INGESTIVE TOXICITY 23 INFECTIOUS 24 REACTIVITY 25 EXPLOSIVE 26
6 FLASH POINT 27 30°F ALPHA RADIATION 31 (pCi/L) 36 COMPOSITION 37

1 = ORGANIC
2 = INORGANIC

PERCENT ACIDITY 38 PERCENT ALKALINITY 41 PH 44 PERCENT TOTAL SOLIDS 47 PERCENT ASH CONTENT 52
60 KEY COMPONENT NAME PERCENT KEY COMPONENT NAME PERCENT
6

1 ACETONE 43 44 47 2 METHANOL 48 49 70 71 74
3 TRICHLORDETHYLENE 43 44 47 4 ISOPROPYL 48 49 70 71 74
5 --- 43 44 47 6 --- 48 49 70 71 74

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND/NOISE POLLUTION CONTROL
SPECIAL WASTE DISPOSAL APPLICATION

CARD TYPE DATE 11/06/79 L P S W C AUTHORIZATION NUMBER TRANS CODE 14 DATE ENTERED (Agency Use) 15 / 16 / 17 18 / 19 20

WASTE HAULER

1 6 HAULER REGISTRATION NUMBER NAME
6 7 ADDRESS COMMUNITY
COUNTY STATE ZIP AREA CODE TELEPHONE

WASTE GENERATOR

GENERATOR CODE NAME VARIAN/NATIONAL
ADDRESS KESLINGER ROAD COMMUNITY LA FOX
COUNTY KANE STATE IL ZIP 60147 AREA CODE 312 TELEPHONE 232 4300
GENERATOR CONTACT NAME MARK PETERSON
DUNS NUMBER 00-912-0817 SIC CODE 367300

2 0 PROCESS NAME SILICON ETCH
6 7

WASTE CHARACTERISTICS

GENERIC WASTE NAME SPENT MIXED ACIDS

4 0 IUPAC WASTE NAME
6 7

TOTAL ANNUAL WASTE VOLUME 12500 VOLUME UNITS 2 WASTE PHASE 3
TRANSPORT FREQUENCY 7 WASTE CLASS (Agency Use)
1 = ONE TIME 5 = MONTHLY 1 = CUBIC YARDS 1 = SOLID
2 = DAILY 6 = BI-MONTHLY 2 = GALLONS 2 = SEMI-SOLID
3 = WEEKLY 7 = QUARTERLY 3 = LIQUID
4 = BI-WEEKLY 8 = SEMI-ANNUALLY 4 = GAS

(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):

5 0 INHALATION TOXICITY 3 DERMAL TOXICITY 3 INGESTIVE TOXICITY 3 INFECTIOUS REACTIVITY 3 EXPLOSIVE
6 7 FLASH POINT °F ALPHA RADIATION (pCi/L) COMPOSITION 2
1 = ORGANIC
2 = INORGANIC

PERCENT ACIDITY PERCENT ALKALINITY PH PERCENT TOTAL SOLIDS PERCENT ASH CONTENT

6 0 KEY COMPONENT NAME PERCENT KEY COMPONENT NAME PERCENT
6 7 1 HYDROFLUORIC ACID 50 2 NITRIC ACID 39
3 ACETIC ACID 11 4
5 6

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND/NOISE POLLUTION CONTROL
SPECIAL WASTE DISPOSAL APPLICATION

CARD TYPE DATE 11/06/79 1 P S N C AUTHORIZATION NUMBER _____ TRANS CODE _____ DATE ENTERED (Agency Use) _____

WASTE HAULER

1 6 HAULER REGISTRATION NUMBER _____ NAME _____
8 7 ADDRESS _____ COMMUNITY _____
COUNTY _____ STATE _____ ZIP _____ AREA CODE _____ TELEPHONE _____

WASTE GENERATOR

GENERATOR CODE _____ NAME VARIAN/NATIONAL
ADDRESS KESLINGER ROAD COMMUNITY LA FOY
COUNTY KANE STATE IL ZIP 60147 AREA CODE 312 TELEPHONE 232 4300
GENERATOR CONTACT NAME MARK PETERSON
DUNS NUMBER 00-912-0817 SIC CODE 367300

2 0 PROCESS NAME COPPER PLATING
6 7 _____

WASTE CHARACTERISTICS

GENERIC WASTE NAME CYANIDE SOLUTION
4 0 IUPAC WASTE NAME _____
8 7 TOTAL ANNUAL WASTE VOLUME 55 VOLUME UNITS 2 WASTE PHASE 3
TRANSPORT FREQUENCY _____ WASTE CLASS (Agency Use) _____
1 = ONE TIME 5 = MONTHLY 1 = CUBIC YARDS 1 = SOLID
2 = DAILY 6 = BI-MONTHLY 2 = GALLONS 2 = SEMI-SOLID
3 = WEEKLY 7 = QUARTERLY 3 = LIQUID
4 = BI-WEEKLY 8 = SEMI-ANNUALLY 4 = GAS

(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):

5 0 INHALATION TOXICITY 3 DERMAL TOXICITY 1 INGESTIVE TOXICITY 3 INFECTIOUS _____ REACTIVITY 3 EXPLOSIVE _____
6 7 FLASH POINT _____ °F ALPHA RADIATION _____ (pCi/L) COMPOSITION _____
1 = ORGANIC
2 = INORGANIC

PERCENT ACIDITY _____ PERCENT ALKALINITY _____ PH _____ PERCENT TOTAL SOLIDS _____ PERCENT ASH CONTENT _____
6 0 KEY COMPONENT NAME PERCENT KEY COMPONENT NAME PERCENT
8 7 1 SODIUM CYANIDE 8 2 COPPER CYANIDE 5
3 WATER 78 4 SODIUM HYDROXIDE 2
5 COPPER SOLUTION 7 _____

APPLICATION FOR ACCOUNT

DATE 10/31/79

NUCLEAR ENGINEERING COMPANY, INC.

BUSINESS NAME VARIAN/NATIONAL - DIVISION OF VARIAN ASSOCIATES, INC.ADDRESS P. O. BOX 269 CITY/STATE/ZIP CODE GENEVA, ILL. 60134PHONE # 312/232-4300 OWNERSHIP PARTNERSHIP CORPORATION XOWNER/PARTNER PARTNER ADDRESS ADDRESS OWNER/PARTNER BANK PARTNER BANK

BANK REFERENCES:

1) BANK NAME CROCKER NATIONAL BANK ADDRESS P.O. BOX 38026
SAN FRANCISCO, CA 94138PHONE # 415/983-2624 PERSONAL CONTACT --2) BANK NAME FIRST NATIONAL BANK OF GENEVA ADDRESS GENEVA, ILL 60134PHONE # 312/232-6700 PERSONAL CONTACT --

ACCOUNT #	BANK NAME	TYPE OF ACCOUNT
<u>031-750121</u>	<u>CROCKER NATIONAL BANK</u>	<u>ACCOUNTS DEMAND DEPOSIT-PAYABLE</u>
<u>0605-444</u>	<u>FIRST NATIONAL BANK OF GENEVA</u>	<u>" " PAYROLL ACCOUNT</u>

TRADE REFERENCES:

1) NAME CENTRAL STEEL & WIRE CO. ADDRESS 3000 W. 51ST ST.
CHICAGO, IL 60680PHONE # 800-972-0188 PERSONAL CONTACT LEN HEINZ2) NAME CORNING GLASS WORKS ADDRESS MAIN PLANT-BLDG 8-5TH FLOC
CORNING, NY 14830PHONE # 607/974-7907 PERSONAL CONTACT DAN MACMILLAN3) NAME ALLIED CHEMICAL CORPORATION ADDRESS P.O. BOX 1087R
MORRISTOWN, NJ 07960PHONE # 800-631-8050 PERSONAL CONTACT VITTO SARONE

I hereby certify all statements to be true and made for the purpose of obtaining credit with Nuclear Engineering Company, Inc. (NECO) and further authorize NECO to conduct such investigation as may be necessary to verify the information provided herein and to evaluate our credit standing.

SIGNATURE *James R. Bay* TITLE *Controller*

This statement must be signed by an authorized officer or owner of the Company applying for credit, and failure to provide the necessary information or sign the credit application may result in the rejection of any and all credit.

PLEASE ENCLOSE YOUR LATEST FINANCIAL STATEMENTS



Environmental Protection Agency

2200 Churchill Road, Springfield, Illinois 62706

Re: [illegible]
[illegible]

November 5, 1979

Dear Manager:

GCA/Technology Division is conducting a mail survey for the Illinois Environmental Protection Agency. This survey is being sent to approximately 25,000 industries in Illinois. The purpose of this survey is to develop a data base for assisting the Agency in developing a program for dealing with toxic and hazardous industrial wastes. It is not the intent of this survey to initiate any enforcement action against those responding to the survey.

The Agency is authorized to collect such information under Section 4(b) of the Illinois Environmental Protection Act. This information should identify potential problems faced in the generation, treatment, disposal or reclamation of industrial wastes. In addition to identifying these problems, the Agency should be able to start sorting out those industries who might have relatively few if any problems, and who consequently might be exempted from certain regulations. With the data base developed, the Agency, and Illinois industries and municipalities can then be alerted to focus upon, and deal with their problems effectively.

Please complete the questionnaire and return it in the enclosed envelope by December 8, 1979. Thank you for your cooperation.

Sincerely,


Michael P. Mauzy
Director

MPM:AC:mgg592b/1



ILLINOIS INDUSTRIAL PRETREATMENT QUESTIONNAIRE

Study Performed for Illinois Environmental Protection Agency by
GCA Corporation/Technology Division, Bedford MA 01730

Please indicate corrections to information in the space provided below:

VARIAN ASSOCIATES*
KESLINGER ROAD 14397
GENEVA IL 60134 441
AARON KESTENBAUM 312/232-4300
0350 3573-3673- - -

1				5

[1] Name: VARIAN/NATIONAL
7-36
Street: KESLINGER ROAD
37-61
City: LA FOX, IL Zip: 60147
62-74 75-80
[2] Contact: LAMONTE WALKER Tel: (312)232-4300
7-25 26-35

General Facility Description — The following information is necessary for data analysis purposes:

Nature of Business: MANUFACTURE INDUSTRIAL TUBES AND SEMICONDUCTORS.
36-54

Number of Employees:

325
55-59 RJ

Standard Industrial Classification (SIC) Codes:

[3] Primary: 3673 Additional: _____
7-10 11-14 15-18 19-22 23-26 27-30

SECTION 1

This section deals with wastewaters discharged to any municipal sewers, or to any streams, lakes, or other surface waters.

Most of the questions contained below are either explained in the question, or are self-explanatory. We have tried to design the questionnaire such that most of the responses will not require extensive file searches. Unfortunately, some of the questions will require some work; however, we only ask for this information because it is very important to Illinois' developing a realistic, workable program that is fair to all.

Please answer all questions as completely as possible. If the information is just not obtainable, then do not answer the question. If you believe you have a reasonably good answer to a question, but do not know for sure, then your best estimate will be an acceptable response.

1. If your facility is essentially "dry" and: 1) has no water or wastewater discharge to any stream, lake or other surface water, and 2) has no discharge, other than domestic wastes and storm water, to any sewer system, then please check the "yes" box below and proceed to PAGE 5 of this questionnaire. This probably means that your operation will not be covered by the pretreatment regulations. Otherwise, please check "no" and continue answering questions 2-12.

This is a "dry" operation: Yes ☐ No ☒
31-1 31-2

GENERAL INFORMATION

This questionnaire is divided into two sections: the wastewaters section and the waste needs assessment section. Instructions and explanation are given at the beginning of each section. Please read through these instructions before filling out the questionnaire.

The Agency and GCA/Technology Division have arranged for support and assistance from some municipalities in conducting the survey. You may be contacted by them regarding the status of the questionnaire.

Questions related to this survey may be directed to the following:

Hans Klemm or Mary Anne Chillingworth at GCA/Technology Division,
Bedford, Massachusetts (617) 275-9000; (collect)

or

Aaron Chan, IEPA/Division of Water Pollution Control, Springfield,
Illinois (217) 782-0610,
Ross Grove, IEPA/Division of Land Pollution Control, Springfield,
Illinois (217) 782-6760.



ILLINOIS INDUSTRIAL PRETREATMENT QUESTIONNAIRE

Study Performed for Illinois Environmental Protection Agency by
GCA Corporation/Technology Division, Bedford MA 01730

2. Facility Water Intake

a) Estimated Total Volume (See Volume Code Key) 5
32

b) Intake Sources (Check appropriate boxes)

- 33 ☒ 1—Municipal or private
☐ 2—Surface Water
☐ 3—Ground Water
36 ☐ 4—Other

3. Facility Water Use and Volume (See Volume Code Key)

- 37 3 Non-Contact Cooling Water
1 Boiler Feed Water
4 Process Wastes and Contact Cooling Water
2 Sanitary Wastes
1 Other Sources of Water Discharge
42 1 N/A (Intake water not discharged, i.e., evaporative losses, part of final product)

Volume Code Key (gallon/day)

1 — 0 to 1,500	5 — 50,000 to 100,000
2 — 1,500 to 10,000	6 — 100,000 to 500,000
3 — 10,000 to 25,000	7 — 500,000 to 1,000,000
4 — 25,000 to 50,000	8 — Greater than 1,000,000

4. If waste generation changes seasonally, indicate by month (i.e., January = 01, February = 02, etc.) the peaks:

43-44 Peak 1

45-46 Peak 2

47 ✓ N/A

5. If discharge is to a sewer and is of a batch nature, please indicate the number of batches per day:

0
48-49 RJ

6. Has an NPDES permit been issued to your facility? Yes ☒ 50-1 No ☐ 50-2

7. Chicago Metropolitan Sanitary District area Industries only: please provide your federal tax number

(FID):
51 59



ILLINOIS INDUSTRIAL PRETREATMENT QUESTIONNAIRE

Study Performed for Illinois Environmental Protection Agency by
GCA Corporation/Technology Division, Bedford MA 01730

8. Do any of your waste waters discharged to any sewers, streams, lakes, or other surface waters contain, or are they suspected of containing (i.e., if they are present in any of your raw material, or finished products) any of the following materials? If yes, indicate which ones by checking appropriate box(es).

4
6

- | | |
|--|---|
| 7-1 <input type="checkbox"/> Antimony | 42-6 <input type="checkbox"/> Dichloropropane and dichloropropene |
| 2 <input type="checkbox"/> Arsenic | 7 <input type="checkbox"/> 2,4-Dimethylphenol |
| 3 <input type="checkbox"/> Asbestos | 8 <input type="checkbox"/> Dinitrotoluene |
| 4 <input type="checkbox"/> Beryllium | 9 <input type="checkbox"/> Diphenylhydrazine |
| 5 <input type="checkbox"/> Cadmium | 0 <input type="checkbox"/> Endosulfan and metabolites |
| 6 <input type="checkbox"/> Chromium | 47-1 <input type="checkbox"/> Endrin and metabolites |
| 7 <input checked="" type="checkbox"/> Copper | 2 <input type="checkbox"/> Ethylbenzene |
| 8 <input checked="" type="checkbox"/> Cyanide | 3 <input type="checkbox"/> Fluoranthene |
| 9 <input type="checkbox"/> Lead | 4 <input type="checkbox"/> Haloethers |
| 0 <input checked="" type="checkbox"/> Mercury | 5 <input type="checkbox"/> Halomethanes |
| 17-1 <input checked="" type="checkbox"/> Nickel | 6 <input type="checkbox"/> Heptachlor and metabolites |
| 2 <input type="checkbox"/> Selenium | 7 <input type="checkbox"/> Hexachlorobutadiene |
| 3 <input type="checkbox"/> Silver | 8 <input type="checkbox"/> Hexachlorocyclohexane |
| 4 <input type="checkbox"/> Thallium | 9 <input type="checkbox"/> Hexachlorocyclopentadiene |
| 5 <input type="checkbox"/> Zinc | 0 <input type="checkbox"/> Isophorone |
| 6 <input type="checkbox"/> Acenaphthene | 57-1 <input type="checkbox"/> Naphthalene |
| 7 <input type="checkbox"/> Acrolein | 2 <input type="checkbox"/> Nitrobenzene |
| 8 <input type="checkbox"/> Acrylonitrile | 3 <input type="checkbox"/> Nitrophenols |
| 9 <input type="checkbox"/> Aldrin/Dieldrin | 4 <input type="checkbox"/> Nitrosamines |
| 0 <input type="checkbox"/> Benzene | 5 <input type="checkbox"/> Pentachlorophenol |
| 27-1 <input type="checkbox"/> Benzidine | 6 <input checked="" type="checkbox"/> Phenol |
| 2 <input type="checkbox"/> Carbon tetrachloride | 7 <input type="checkbox"/> Phthalate esters |
| 3 <input type="checkbox"/> Chlordane | 8 <input type="checkbox"/> Polychlorinated biphenyls (PCBs) |
| 4 <input type="checkbox"/> Chlorinated benzenes | 9 <input type="checkbox"/> Polynuclear aromatic hydrocarbons |
| 5 <input type="checkbox"/> Chlorinated ethanes | 0 <input type="checkbox"/> 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) |
| 6 <input type="checkbox"/> Chloroalkyl ethers | 67-1 <input type="checkbox"/> Tetrachloroethylene |
| 7 <input type="checkbox"/> Chlorinated naphthalene | 2 <input type="checkbox"/> Toluene |
| 8 <input type="checkbox"/> Chlorinated phenols | 3 <input type="checkbox"/> Toxaphene |
| 9 <input type="checkbox"/> Chloroform | 4 <input checked="" type="checkbox"/> Trichloroethylene |
| 0 <input type="checkbox"/> 2-Chlorophenol | 5 <input type="checkbox"/> Vinyl chloride |
| 37-1 <input type="checkbox"/> DDT and metabolites | 6 <input type="checkbox"/> Oil and grease |
| 2 <input type="checkbox"/> Dichlorobenzenes | |
| 3 <input type="checkbox"/> Dichlorobenzidine | |
| 4 <input type="checkbox"/> Dichloroethylenes | |
| 5 <input type="checkbox"/> 2,4-Dichlorophenol | |



ILLINOIS INDUSTRIAL PRETREATMENT QUESTIONNAIRE

Study Performed for Illinois Environmental Protection Agency by
GCA Corporation/Technology Division, Bedford MA 01730

9. Has your effluent ever been analyzed for any of the materials checked in question 8? Note — response to the second part of this question may aid IEPA in defining the need for adequate laboratory facilities as part of implementing pretreatment regulations.

☒ YES ☐ NO ☐ N/A

If YES, give:

Name of Lab Illinois EPA LAB # C003678

Address

City

State

8-37

38-62

63-75

76-79

10. Treatment and/or pretreatment provided. (Exclude Sanitary Waste and Storm Water.) Check appropriate box(es).

a) Treatment provided to any wastewater streams:

- ☒ 1—pH adjustment ☐ 2—Skimming and/or settling ☐ 3—Coagulation and/or precipitation ☐ 4—Dissolved air flotation ☒ 5—Pits, ponds, or lagoons ☐ 6—Filtration ☐ 7—Activated sludge ☐ 8—Other ☐ 9—No treatment provided

b) Treatment provided to any sludges generated as part of any wastewater treatment. Check appropriate box(es).

- ☐ 1—Biological ☐ 2—Physical/Chemical ☒ 3—None

11. Ultimate disposition of waste waters — For all waste waters (excluding sanitary wastes and storm water) generated at your plant, please indicate their manner of ultimate disposition, and the volume involved. Indicate as many choices as is appropriate.

Discharge or final disposition of wastes (use Volume Code Key):

- ☒ 4 Streams, lakes, or other surface water
☐ Sewers tributary to municipal treatment works
☐ Storm sewers
☐ Well injection
☐ 23 Underground percolation
☐ Non-overflow lagoon
☐ Land application
☐ Recycled or reclaimed
☐ 27 N/A

Volume Code Key (gallon/day)

- | | |
|----------------------|----------------------------|
| 1 — 0 to 1,500 | 5 — 50,000 to 100,000 |
| 2 — 1,500 to 10,000 | 6 — 100,000 to 500,000 |
| 3 — 10,000 to 25,000 | 7 — 500,000 to 1,000,000 |
| 4 — 25,000 to 50,000 | 8 — Greater than 1,000,000 |

12. For waste waters discharged to municipal treatment works, please indicate the number of discharge points (exclude sanitary and storm discharges):



ILLINOIS INDUSTRIAL WASTE QUESTIONNAIRE

Study Performed for Illinois Environmental Protection Agency by
GCA Corporation/Technology Division, Bedford MA 01730

WASTE NEEDS ASSESSMENT

This section of the survey pertains to the classification, storage, and disposition of wastes generated by an industrial process or of sludges generated by the treatment or pretreatment of any effluent. It is *not* concerned with those wastes which are discharged to any surface water (e.g. stream, river, lake) or to any sewer or storm water system. It is *only* concerned with those wastes including pretreatment sludges which are ultimately disposed on- or off-site in landfills, surface impoundments, incinerators, deep wells, barrels, or land farms and with wastes which are sent to reclamation/recycling centers or waste exchanges.

Waste Types

The industrial wastes charts on the next two pages list the general waste types of interest in this survey. They are organized by physical state: liquids, sludges, and solids, and divided within each category into organic and inorganic wastes. Please note that specific waste names are not requested. Rather, you are asked to report your wastes under general waste categories. If your waste does not fall into one of the listed categories, please put it in "other" and indicate what the waste is in the comments column on the right-hand side of the chart. The "comments" column may be used to specify waste types, when requested. Radioactive wastes have been excluded from this survey.

pH

For water-based liquids and sludges, please indicate whether they are (1) acidic (pH<5), (2) alkaline (pH>9) or (3) neutral (pH 5-9) by filling in the appropriate code number.

Percent Solids

For sludges resulting from wastewater treatment or pretreatment, indicate the percent solids (by weight), if known.

Storage Method

Check the appropriate box. (✓)

Storage Time

Indicate the approximate storage time, in months. If storage is less than one month, fill in a "0".

Waste Quantities

In the space provided, report the waste quantity and unit code (gallon/year = 1, cubic yards per year = 2, and tons per year = 3). If the waste quantities are not readily known, please try to estimate the amounts. For example, if a waste disposal firm picks up five 55-gallon drums of oil per month, then the annual amount is $12 \times 5 = 60$ drums per year = 60×55 gallons = 3300 gallons per year.

Waste Disposal Method

Please check (✓) the appropriate waste disposal method used for each waste generated at your plant. If you check "other", please specify the method in the "comments" column to the right. Only check one disposal method per line (see important note below).

Disposal Location

Check (✓) the appropriate box.

Important Note

If more than one disposal method is used for a particular waste category, it is important to divide that waste by disposal method, putting one disposal method opposite the preprinted waste category and relisting that category name at the bottom of the chart and reporting the other disposal method(s). For example, if your facility generates 1000 gallons per year of waste oil and half is burned at the plant and half is picked up for reclamation, then 500 gallons would be reported, with "incineration as fuel" and "on-site" entered opposite "oil." At the bottom of the chart, you would write in "oil" and fill in 500 gallons per year and check "recycle/reclaim" and "off-site - Illinois." Additional space is provided on the back of the questionnaire for any additional waste types or disposal methods.



ILLINOIS INDUSTRIAL WASTE QUESTIONNAIRE

Study Performed for Illinois Environmental Protection Agency by
GCA Corporation/Technology Division, Bedford MA 01730

WASTE TYPE		WASTE CHARACTERISTICS		STORAGE METHOD		STORAGE TIME		WASTE QUANTITY, ANNUAL		DISPOSAL METHOD, Check Only One												DISPOSAL LOCATION		COMMENTS				
7-8		9	10-11	12		13-14 RJ		15-20 RJ	21	22-23												24	25					
		1-acidic, 2-alkaline, 3-neutral	Percent solids	Pits, ponds, lagoons	Barrels and drums	Tank	Other	Storage time, months	Quantity	Units *	Landfill	Incineration	Incineration as fuel	Deep well injection	Percolation/	Evaporation/	Lagoon	Land farming	Recycle/reclaim	Waste exchange	Chemical waste co., method unknown	Long term storage	Dust control/road oiling	Other (specify)	On-site	Off-site Illinois	Off-site out-of-state	
LIQUIDS:																												
Organic:																												
01	Oil																											
02	Solvents: low flash point (< 140°F)			✓			3	4200	3	✓																✓		
03	Solvents: chlorinated			✓			3	7590	3								✓									✓		
04	Solvents: nonchlorinated																											
05	Aqueous organics (Specify in comments)																											
Inorganic:																												
06	Metal containing																											
07	Cyanide and metal	2		✓			3	55	3	✓															✓			
08	Other inorganic	1		✓			3	12500	3	✓															✓			Spent Acids
SLUDGES:																												
Organic:																												
09	Oily sludge																											
10	Contaminated clay filters, mud, sand																											
11	Dye and paint sludges and residues																											
12	Fats and waxes																											
13	Resin, latex, monomer, plasticizer, adhesives																											
14	Chlorinated organic sludges																											
15	Nonchlorinated organic sludges																											

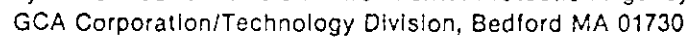
* Units Key: (1) tons/year, (2) cubic yards/year, (3) gallons/year, (4) pounds/year



ILLINOIS INDUSTRIAL WASTE QUESTIONNAIRE

Study Performed for Illinois Environmental Protection Agency by
GCA Corporation/Technology Division, Bedford MA 01730

7	WASTE TYPE	WASTE CHARACTERISTICS		STORAGE METHOD	STORAGE TIME	WASTE QUANTITY, ANNUAL		DISPOSAL METHOD, Check Only One												DISPOSAL LOCATION			COMMENTS			
		9	10-11			12	13-14 RJ	15-20 RJ	21	22-23												24			25	
		1-acidic 2=alkaline, 3=neutral	Percent solids	Pits, ponds, lagoons	Barrels and drums	Tank	Other	Storage time, months	Quantity	Units *	Landfill	Incineration	Incineration as fuel	Deep well injection	Percolation/ Evaporation Lagoon	Land farming	Recycle/reclaim	Waste exchange	Chemical waste co., method unknown	Long term storage	Dust control/road oiling	Other (specify)	On-site	Off-site Illinois	Off-site out-of-state	
	SLUDGES (Cont'd):																									
	Inorganic:																									
16	Metal containing																									
17	Metal and cyanide																									
18	Other inorganic																									
	SOLIDS																									
19	Metallic dusts																									
20	Non-metallic inorganic dusts																									
21	Chlorinated organic solids																									
22	Nonchlorinated organic solids																									
	OTHER																									
23	Pesticides, herbicides																									
24	PCB's																									
25	Pathogenic																									
26	Explosive																									
27	Asbestos																									
	Other (Specify)																									
	SOLVENTS: LOW FLASH PT. (<140°F)																									



* Units Key: (1) tons/year, (2) cubic yards/year, (3) gallons/year, (4) pounds/year

MICHAEL L. MILLER, MANAGER

HAZARDOUS WASTE UNIT

DIVISION OF LAND/NOISE POLLUTION CONTROL

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

SPRINGFIELD, ILLINOIS ETC.

DEAR SIR,

PLEASE ACCEPT THESE FORMS (ADM-1067) SUBMITTED IN
TRIPlicate WE RECEIVED FROM YOUR OFFICE. IT IS OUR HOPE
THAT THE INFORMATION SUPPLIED WILL BE SUFFICIENT FOR
OBTAINING OUR GENERATOR CODE, AUTHORIZATION NUMBER,
AND MANIFESTO. WE ARE COMMITTED TO FULL COMPLIANCE
WITH CHAPTER #9: SPECIAL WASTE HAULING REGULATIONS
AND ALL IEPA REGULATIONS.

IF YOU HAVE ANY QUESTIONS OR REQUIRE FURTHER
INFORMATION PLEASE FEEL FREE TO CONTACT US AT
ANY TIME.

YOURS TRULY

~~Truly yours~~

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND/NOISE POLLUTION CONTROL
SPECIAL WASTE DISPOSAL APPLICATION

CARD TYPE DATE 9/13/79 L P S W C AUTHORIZATION NUMBER 8 13 14 TRANS CODE 14 DATE ENTERED (Agency Use) 15 16 17 18 19 20

WASTE HAULER

1 6 HAULER REGISTRATION NUMBER 0 2 0 1 NAME WASTE RESEARCH AND RECLAMATION
6 7 ADDRESS ROUTE 3 COMMUNITY EAU CLAIRE
COUNTY EAU CLAIRE STATE WI ZIP 54701 AREA CODE 715 TELEPHONE 834-9624

WASTE GENERATOR

GENERATOR CODE 25 NAME VARIAN/NATIONAL
ADDRESS KESLINGER ROAD COMMUNITY LA FOX
COUNTY KANE STATE IL ZIP 60147 AREA CODE 312 TELEPHONE 232-4300

GENERATOR CONTACT NAME 36
DUNS NUMBER 65 SIC CODE 65

2 0 PROCESS NAME CLEANING
6 7 21 50

WASTE CHARACTERISTICS

GENERIC WASTE NAME SOLVENTS 51 80
4 0 IUPAC WASTE NAME 21 50
6 7 TOTAL ANNUAL WASTE VOLUME 1 7 5 0 0 VOLUME UNITS 2 WASTE PHASE 3
TRANSPORT FREQUENCY 7 WASTE CLASS (Agency Use) 64 65 1 = CUBIC YARDS 1 = SOLID
2 = DAILY 6 = BI-MONTHLY 2 = GALLONS 2 = SEMI-SOLID
3 = WEEKLY 7 = QUARTERLY 3 = LIQUID
4 = BI-WEEKLY 8 = SEMI-ANNUALLY 4 = GAS

(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):

5 0 INHALATION TOXICITY 21 DERMAL TOXICITY 22 INGESTIVE TOXICITY 23 INFECTIOUS 24 REACTIVITY 25 EXPLOSIVE 26
6 7 FLASH POINT 27 °F 30 ALPHA RADIATION 31 (pCi/L) 36 COMPOSITION 37
1 = ORGANIC
2 = INORGANIC

PERCENT ACIDITY 38 40 PERCENT ALKALINITY 41 43 pH 44 46 PERCENT TOTAL SOLIDS 47 51 PERCENT ASH CONTENT 52 55

6 0 KEY COMPONENT NAME PERCENT KEY COMPONENT NAME PERCENT
6 7 21 22 43 44 47 48 49 70 71 74
1 ACETONE 2 METHANOL
3 TRICHLOROETHYLENE 4
5 43 44 47 48 49 70 71 74

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND/NOISE POLLUTION CONTROL
SPECIAL WASTE DISPOSAL APPLICATION**

CARD TYPE DATE 9/13/79 L P S W C AUTHORIZATION NUMBER 8 13 TRANS CODE 14 DATE ENTERED (Agency Use) 15 16 17 18 19 20

WASTE HAULER

1 6 8 7 HAULER REGISTRATION NUMBER 0 2 0 1 NAME WASTE RESEARCH AND RECLAMATION
ADDRESS ROUTE 3 COMMUNITY EAU CLAIRE
COUNTY EAU CLAIRE STATE WISCONSIN ZIP 54701 AREA CODE 715 TELEPHONE 834-9624

WASTE GENERATOR

GENERATOR CODE 25 NAME VARIAN/NATIONAL
ADDRESS KESLINGER ROAD COMMUNITY LA FOX
COUNTY KANE STATE IL ZIP 60147 AREA CODE 312 TELEPHONE 232-4300
GENERATOR CONTACT NAME MARK PETERSON
DUNS NUMBER 36 SIC CODE 65

2 0 8 7 PROCESS NAME S I L I C O N E T C H

WASTE CHARACTERISTICS

GENERIC WASTE NAME M I X E D A C I D S
IUPAC WASTE NAME 21
TOTAL ANNUAL WASTE VOLUME 1 2 5 0 0 VOLUME UNITS 2 WASTE PHASE 3
TRANSPORT FREQUENCY 7 WASTE CLASS (Agency Use) 64 65
1 = ONE TIME 5 = MONTHLY 1 = CUBIC YARDS 1 = SOLID
2 = DAILY 6 = BI-MONTHLY 2 = GALLONS 2 = SEMI-SOLID
3 = WEEKLY 7 = QUARTERLY 3 = LIQUID
4 = BI-WEEKLY 8 = SEMI-ANNUALLY 4 = GAS

(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):

5 0 8 7 INHALATION TOXICITY 21 DERMAL TOXICITY 22 INGESTIVE TOXICITY 23 INFECTIOUS 24 REACTIVITY 25 EXPLOSIVE 26
FLASH POINT 104 °F ALPHA RADIATION 31 (pCi/L) 36 COMPOSITION 37
1 = ORGANIC
2 = INORGANIC

(FOR ACETIC ACID COMPONENT)

PERCENT ACIDITY	PERCENT ALKALINITY	pH	PERCENT TOTAL SOLIDS	PERCENT ASH CONTENT
38	40	41	43	44
<u>1</u> <u>21</u> <u>22</u> <u>NITRIC ACID</u>	<u>43</u> <u>44</u> <u>47</u> <u>48</u> <u>49</u>	<u>2</u> <u>70</u> <u>71</u> <u>74</u>	<u>2</u> <u>70</u> <u>71</u> <u>74</u>	<u>2</u> <u>70</u> <u>71</u> <u>74</u>
<u>3</u> <u>21</u> <u>22</u> <u>ACETIC ACID</u>	<u>43</u> <u>44</u> <u>47</u> <u>48</u> <u>49</u>	<u>4</u> <u>70</u> <u>71</u> <u>74</u>	<u>4</u> <u>70</u> <u>71</u> <u>74</u>	<u>4</u> <u>70</u> <u>71</u> <u>74</u>
<u>5</u> <u>21</u> <u>22</u> <u></u>	<u>43</u> <u>44</u> <u>47</u> <u>48</u> <u>49</u>	<u>6</u> <u>70</u> <u>71</u> <u>74</u>	<u>6</u> <u>70</u> <u>71</u> <u>74</u>	<u>6</u> <u>70</u> <u>71</u> <u>74</u>

CARD TYPE DATE 1 P S W C AUTHORIZATION NUMBER 8 13 TRANS CODE 14 DATE ENTERED (Agency Use) 15 16 / 17 18 / 19 20

WASTE CHARACTERISTICS

METAL KEY	TOTAL (PPM)	LEACH (PPM)	METAL KEY	TOTAL (PPM)	LEACH (PPM)
CN <u>0 1</u>	<u>23</u>	<u>30 31</u>	Cu <u>0 2</u>	<u>41</u>	<u>48 49</u>
Ag <u>0 3</u>			Hg <u>0 4</u>		
As <u>0 5</u>			Ni <u>0 6</u>		
Ba <u>0 7</u>			Pb <u>0 8</u>		
Cd <u>0 9</u>		<u>2 5</u>	Se <u>1 0</u>		
Cr <u>1 1</u>			Zn <u>1 2</u>		

8 0 LABORATORY NAME 21 40
8 7 CERTIFICATION NUMBER 41 50 REVIEWED BY: 51 53 / 54 56
9 0 1 SITE CODE 9 5 5 0 3 5 0 1 SITE NAME WASTE RESEARCH AND RECLAMATION
8 7 21 22 29 32 33
DISPOSAL METHOD 1 5 NEUTRALIZATION METHOD
30 31
STATUS START DATE / / EXPIRATION DATE / /
34 35 36 37 38 39 40 41 42 43 44 45 46
SIGNATURE SIGNATURE
(SITE OWNER) (SITE OPERATOR)

2 SITE CODE 22 29 SITE NAME
21 22 29
DISPOSAL METHOD NEUTRALIZATION METHOD
30 31 32 33
STATUS START DATE / / EXPIRATION DATE / /
34 35 36 37 38 39 40 41 42 43 44 45 46
SIGNATURE SIGNATURE
(SITE OWNER) (SITE OPERATOR)

3 SITE CODE 22 29 SITE NAME
21 22 29
DISPOSAL METHOD NEUTRALIZATION METHOD
30 31 32 33
STATUS START DATE / / EXPIRATION DATE / /
34 35 36 37 38 39 40 41 42 43 44 45 46
SIGNATURE SIGNATURE
(SITE OWNER) (SITE OPERATOR)

4 SITE CODE 22 29 SITE NAME
21 22 29
DISPOSAL METHOD NEUTRALIZATION METHOD
30 31 32 33
STATUS START DATE / / EXPIRATION DATE / /
34 35 36 37 38 39 40 41 42 43 44 45 46
SIGNATURE SIGNATURE
(SITE OWNER) (SITE OPERATOR)

5 SITE CODE 22 29 SITE NAME
21 22 29
DISPOSAL METHOD NEUTRALIZATION METHOD
30 31 32 33
STATUS START DATE / / EXPIRATION DATE / /
34 35 36 37 38 39 40 41 42 43 44 45 46
SIGNATURE SIGNATURE
(SITE OWNER) (SITE OPERATOR)

CARD TYPE DATE 1 P S W C AUTHORIZATION NUMBER 8 13 TRANS CODE 14 DATE ENTERED (Agency Use) 15 16 / 17 18 / 19 20

WASTE CHARACTERISTICS

METAL KEY	TOTAL	(PPM)	LEACH	(PPM)	METAL KEY	TOTAL	(PPM)	LEACH	(PPM)
CN	0 1	23	30	31	Cu	0 2	41	48	49
Ag	0 3				Hg	0 4			
As	0 5				Ni	0 6			
Ba	0 7				Pb	0 8			
Cd	0 9				Se	1 0			
Cr	1 1				Zn	1 2			

LABORATORY NAME 21 40
 CERTIFICATION NUMBER 41 50 REVIEWED BY: 51 53 / 54 56

1 SITE CODE 22 29 SITE NAME WES-COM (IDAHO)
 DISPOSAL METHOD 1 7 30 31 NEUTRALIZATION METHOD 32 33
 STATUS 34 START DATE 35 36 / 37 38 / 39 40 EXPIRATION DATE 41 42 / 43 44 / 45 46
 SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

2 SITE CODE 22 29 SITE NAME
 DISPOSAL METHOD 30 31 NEUTRALIZATION METHOD 32 33
 STATUS 34 START DATE 35 36 / 37 38 / 39 40 EXPIRATION DATE 41 42 / 43 44 / 45 46
 SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

3 SITE CODE 22 29 SITE NAME
 DISPOSAL METHOD 30 31 NEUTRALIZATION METHOD 32 33
 STATUS 34 START DATE 35 36 / 37 38 / 39 40 EXPIRATION DATE 41 42 / 43 44 / 45 46
 SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

4 SITE CODE 22 29 SITE NAME
 DISPOSAL METHOD 30 31 NEUTRALIZATION METHOD 32 33
 STATUS 34 START DATE 35 36 / 37 38 / 39 40 EXPIRATION DATE 41 42 / 43 44 / 45 46
 SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

5 SITE CODE 22 29 SITE NAME
 DISPOSAL METHOD 30 31 NEUTRALIZATION METHOD 32 33
 STATUS 34 START DATE 35 36 / 37 38 / 39 40 EXPIRATION DATE 41 42 / 43 44 / 45 46
 SIGNATURE (SITE OWNER) SIGNATURE (SITE OPERATOR)

Dear Generator:

In response to your recent letter concerning the acquisition of a generator code, authorization number, site code and manifests, as required by the Chapter #9: Special Waste Hauling Regulation, I have enclosed a form which should be completed and submitted in triplicate to this office. Please complete the following areas:

FRONT

- ✓ - date
- ✓ - Waste Hauler: complete section (Hauler Registration Number if known)
- ✓ - Waste Generator: complete section (Duns number & SIC code if known)
- ✓ - Waste Characteristics: Generic waste name, total annual volume (right justify entry), volume units, waste phase, transportation frequency, flash point (if known), and key components (spaces not mentioned may be left blank).

BACK

- Site Name: Name of company accepting the waste
- Disposal Method: Enter 15 - reclamation
16 - incineration
17 - off site storage

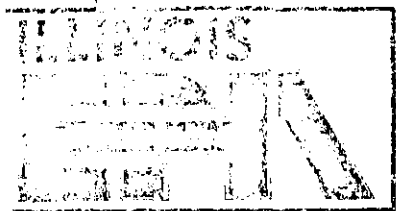
Upon receipt of this information, a supply of manifest forms proportionate to your waste steam transportation frequency will be sent to you. Thank you for your cooperation and if you require any assistance, please contact the Hazardous Waste Unit at 217/782-6760.

Sincerely,

Michael L. Miller

Michael L. Miller, Manager
Hazardous Waste Unit
Division of Land/Air Pollution Control

MLM:KM:jaw/7988/14



Environmental Protection Agency

2200 Churchill Road, Springfield, Illinois 62706

June 4, 1979

RECEIVED
JUN 9 1979

NATIONAL ELECTRONICS

Dear Potential Special Waste Generator:

On March 15, 1979, the Illinois Pollution Control Board adopted R76-10, the Special Waste Hauling Regulations. The Regulations require that all generators, haulers and disposers (including recyclers, treaters and storers) complete a manifest for each shipment of special waste. They also require that all transporters of special waste obtain a special waste hauling permit from the Illinois Environmental Protection Agency. These Special Waste Hauling Regulations will become effective on July 30, 1979.

Because you may be a generator of special waste, the Agency is hereby notifying you of these new regulations requiring generators of special wastes to use only permitted haulers and to complete an Agency manifest form for each shipment of special waste transported either off-site or over public highways. These regulations also apply to special wastes generated within Illinois but disposed of outside of Illinois. They are not applicable to generators who store, treat or dispose of a total of 100 kilograms or less of special waste in any one calendar month. (If you are a hauler as well as a generator, you must contact the Agency for a Special Waste Hauler Permit.) These regulations have been developed so they will mesh with Federal Hazardous Waste Regulations being developed under Subtitle C of the Resource Conservation and Recovery Act (expected to become effective about January, 1980), and with existing waste control regulations which have been in effect since July, 1973.

Therefore, effective July 30, 1979, the following special waste activities will be monitored and regulated through the manifest system: (1) generation, (2) transportation, (3) storage, (4) treatment, (5) recycling and reclamation, and (6) disposal. Existing regulations will continue in effect as will their enforcement. These regulations require that all hazardous waste be disposed, stored or treated at a facility which has a general permit to operate, whether that facility is on-site or off-site. In addition, all such waste must go to a facility which has a specific permit to accept that particular waste. (Note: relevant definitions are included on a separate sheet.)

In order to explain the required manifest and the Special Waste Hauling Regulations, the IEPA will hold a series of information sessions across the State. All special waste generators, haulers, disposers, storers, treaters and recyclers are urged to attend one of these sessions. Copies of the regulations and sample manifest forms will be available. Time will be allotted for questions. If you have questions but are unable to attend one of these sessions, you may write or call the Agency at the address and phone number below. However, because of the limited number of phone lines and staff at the Agency, you may experience busy signals and/or lengthy waiting periods. If you call, please bear with us, and we will attend to your questions as soon as possible.

The address and phone number of the Agency are listed below:

Mr. Joe Petrilli

or

Mr. John Rein

Illinois Environmental Protection Agency

Division of Land Pollution Control

2200 Churchill Road

Springfield, Illinois 62706

217/782-6760

The schedule for the information sessions is as follows:

Wednesday, July 11

9:00 a.m. - 12 noon

Bismarck Hotel

Pavilion Room

171 West Randolph

Chicago

Tuesday, July 24

9:00 a.m. - 12 noon

Effingham Holiday Inn

W. Fayette Road at

I-70 and 57 Junction

Effingham

Wednesday, July 11

1:30 p.m. - 4:30 p.m.

Bismarck Hotel

Pavilion Room

171 West Randolph

Chicago

Wednesday, July 25

9:00 a.m. - 12 Noon

Peoria Hilton

Ballroom

501 Main

Peoria

Thursday, July 12

9:00 a.m. - 12 Noon

Glen Ellyn Holiday Inn

Vermont Room

1250 Roosevelt Road

Glen Ellyn

Wednesday, July 25

7:00 p.m. - 10:00 p.m.

Peoria Hilton

Ballroom

501 Main

Peoria

Thursday, July 12

7:00 p.m. - 10:00 p.m.

Glen Ellyn Holiday Inn

Vermont Room

1250 Roosevelt Road

Glen Ellyn

Thursday, August 9

7:00 p.m. - 10:00 p.m.

Collinsville Holiday Inn

Junction I-55 - 70 and IL-157

Collinsville

If you believe you might be affected by these regulations, we urge you to attend one of the meetings listed above. So that we can adequately accommodate the audience in each of these locations, please complete the enclosed registration form and return it to the address listed above.

Sincerely,



John S. Moore

Manager

Division of Land/Noise Pollution Control

JSM:RF:bls/7118,sp

"HAZARDOUS WASTE" means a waste, or combination of wastes, which because of quantity, concentration, or physical, chemical, or infectious characteristics may cause or significantly contribute to an increase in mortality or an increase in serious, irreversible, or incapacitating reversible, illness; or pose a substantial present or potential threat to human health or to the environment when improperly treated, stored, transported or disposed of, or otherwise managed, and which has been identified, by characteristics or listing, as hazardous pursuant to Section 3001 of Resource Conservation and Recovery Act of 1976, 42 U.S.C. par. 6901 et seq. or pursuant to Agency guidelines consistent with the requirements of the Act and Board regulations.

"INDUSTRIAL PROCESS WASTE" means any liquid, solid, semi-solid or gaseous waste generated as a direct or indirect result of the manufacture of a product or the performance of a service which pose a present or potential threat to human health or to the environment or with inherent properties which make the disposal of such waste in a landfill difficult to manage by normal means. "Industrial Process Waste" includes but is not limited to spent pickling liquors, cutting oils, chemical catalysts, distillation bottoms, etching acids, equipment cleanings, paint sludges, incinerator ashes, core sands, metallic dust sweepings, asbestos dust, hospital pathological wastes and off-specification, contaminated or recalled wholesale or retail products. Specifically excluded are uncontaminated packaging materials, uncontaminated machinery components, general household waste, landscape waste and construction or demolition debris.

"POLLUTION CONTROL WASTE" means any liquid, solid, semi-solid or gaseous waste generated as a direct or indirect result of the removal of contaminants from the air, water or land, and which pose a present or potential threat to human health or to the environment or with inherent properties which make the disposal of such waste in a landfill difficult to manage by normal means. "Pollution Control Waste" includes but is not limited to water and wastewater treatment plant sludges, baghouse dusts, scrubber sludges and chemical spill cleanings.

"SPECIAL WASTE" means any "hazardous waste," "industrial process waste" or "pollution control waste."

Registration Form

Detach and Mail to IEPA

Name _____ Phone _____
Company Name _____
Street _____
City _____ State _____ Zip _____

I will attend the following information session:

Chicago/July 11 - 9:00 a.m. _____	Effingham/July 24 - 9:00 a.m. _____
Chicago/July 11 - 1:30 p.m. _____	Peoria/July 25 - 9:00 a.m. _____
Glen Ellyn/July 12 - 9:00 a.m. _____	Peoria/July 25 - 7:00 p.m. _____
Glen Ellyn/July 12 - 7:00 p.m. _____	Collinsville/August 9 - 7:00 p.m. _____

RF:bls/7118,sp

RECEIVED

JAN 29 1979

NATIONAL ELECTRONICS

217/782-3035

National Electronics Division
National Electronics Division
NPDES Permit No. IL0024333
Final Permit

JAN 26 1979

National Electronics Division
Varian Associates, Inc.
Post Office Box 269
Geneva, Illinois 60134

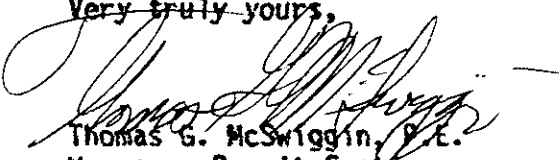
Gentlemen:

Attached is the final NPDES Permit for your discharge. The Permit as issued covers discharge limitations, monitoring, and reporting requirements. The failure of you to meet any portion of the Permit could result in civil and/or criminal penalties. The Illinois Environmental Protection Agency is ready and willing to assist you in interpreting any of the conditions of the Permit as they relate specifically to your discharge.

The Permit as issued is effective as of the date indicated on the first page of the Permit. You have the right to appeal any condition of the Permit to the Illinois Pollution Control Board within 30 days of the date of this letter.

Should you have questions concerning the Permit, please contact Environmental Protection Engineer Aaron Chan at the telephone number indicated above.

Very truly yours,


Thomas G. McSwiggin, P.E.
Manager, Permit Section
Division of Water Pollution Control

TGM:REB:ACC:sh/sp4100a

Enclosure: Final Permit

cc: USEPA/With Enclosure
Region II/With Enclosure
Permit Section
Records Unit

for plant

Page 1 of ____

NPDES Permit No. IL0024333

Illinois Environmental Protection Agency

Division of Water Pollution Control

2200 Churchill Road

Springfield, Illinois 62706

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

Reissued (NPDES) Permit

Issue Date: Jan. 26, 1979

Expiration Date: June 30, 1981

Effective Date: Feb. 25, 1979

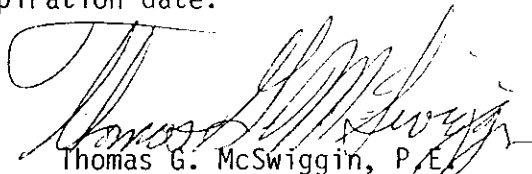
Permittee: National Electronics Division

Location: La Fox, Kane County, Illinois

Receiving Waters: Mill Creek to Fox River

In compliance with the provisions of the Illinois Environmental Protection Act, the Chapter 3 Rules and Regulations of the Illinois Pollution Control Board, and the FWPCA, the above-named permittee is hereby authorized to discharge at the above location to the above-named receiving stream in accordance with the standard conditions and attachments herein.

Permittee is not authorized to discharge after the above expiration date. In order to receive authorization to discharge beyond the expiration date, the permittee shall submit the proper application as required by the Illinois Environmental Protection Agency (IEPA) not later than 180 days prior to the expiration date.



Thomas G. McSwiggin, P.E.
Manager, Permit Section
Division of Water Pollution Control

TGM:REB:ACC:sh/sp4100a

ATTACHMENT B1

FINAL

Effluent Limitations and Monitoring

Discharge Number: 001

Discharge Name: Lagoon System Outfall

From effective date of permit until June 30, 1981, the effluent of the above discharge shall be monitored and limited at all times as follows:

PARAMETER	CONCENTRATION LIMITS mg/l		LOAD LIMITS lbs/day (Kg/day)		SAMPLE FREQUENCY	SAMPLE TYPE
	30 DAY	DAILY	30 DAY	DAILY		
	AVERAGE	MAXIMUM	AVERAGE	MAXIMUM		
Flow (MGD)					1/Week	Grab
BOD ₅	10	25	0.62(0.28)	1.56(0.71)	1/Month	Grab
SS	12	30	0.75(0.34)	1.87(0.85)	1/Month	Grab
Ammonia						
Nitrogen as (N)	See Attachment B1 Continued				1/Month	Grab
Fecal						
Coliform	See Attachment B1 Continued				1/Month	Grab
pH	See Attachment B1 Continued				1/Month	Grab

ATTACHMENT B1 CONTINUED

1. The pH shall be in the range 6.0 to 9.0.
2. The daily maximum fecal coliform count shall not exceed 400 per 100 ml.
3. The effluent ammonia-nitrogen concentration shall be limited to a level that will comply with the provisions of Illinois Pollution Control Board Rules and Regulations, Chapter 3, Rule 402.1 during its period of effectiveness, and thereafter to a level that will not cause the receiving stream to exceed the water quality standard in Rule 203(f), Chapter 3.
4. Samples taken in compliance with the effluent monitoring requirements shall be taken at a location representative of the discharge but prior to mixing with the receiving stream.
5. The permittee shall record monitoring results on Discharge Monitoring Report Forms using one such form for each discharge each month.

Discharge Monitoring Reports shall be mailed to the IEPA at the following address:

Illinois Environmental Protection Agency
Division of Water Pollution Control
2200 Churchill Road
Springfield, Illinois 62706

Attention: NPDES Unit (DMR)

6. The completed Discharge Monitoring Report forms shall be retained by the permittee for a period of six months and then shall be mailed and received by the IEPA in accordance with the following schedule, unless otherwise specified by the permitting authority.

Period	Received by IEPA
May, June, July, August, September, October	November 15
November, December, January, February, March, April	May 15

ATTACHMENT B2

FINAL

Effluent Limitations and Monitoring

Discharge Number: 002

Discharge Name: Cooling Pond Overflow

From effective date of permit until June 30, 1981, the effluent of the above discharge shall be monitored and limited at all times as follows:

PARAMETER	CONCENTRATION LIMITS mg/l		LOAD LIMITS lbs/day (Kg/day)		SAMPLE FREQUENCY	SAMPLE TYPE
	30 DAY	DAILY	30 DAY	DAILY		
	AVERAGE	MAXIMUM	AVERAGE	MAXIMUM		
Flow (MGD)					*	Grab
Temperature	See Attachment B2 Continued				*	Grab

*1/Week When Discharging

ATTACHMENT B2 CONTINUED

1. Samples taken in compliance with the effluent monitoring requirements shall be taken at a location representative of the effluent but prior to mixing with the receiving stream.
2. Discharge of wastewater from this facility must not alone or in combination with other sources cause the receiving stream to violate the following thermal limitations:
 - A. Maximum temperature rise above natural temperature must not exceed 5oF (2.78oC).
 - B. Water temperature at representative locations in the main river shall not exceed the maximum limits in the following table during more than one (1) percent of the hours in the 12-month period ending with any month. Moreover, at no time shall the water temperature at such locations exceed the maximum limits in the following table by more than 3oF (1.67oC). (Main river temperatures are temperatures of those portions of the river essentially similar to and following the same thermal regime as the temperatures of the main flow of the river.)

	<u>Jan.</u>	<u>Feb.</u>	<u>Mar.</u>	<u>Apr.</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug.</u>	<u>Sept.</u>	<u>Oct.</u>	<u>Nov.</u>	<u>Dec.</u>
oF	60	60	60	90	90	90	90	90	90	90	90	60
oC	15.6	15.6	15.6	32.2	32.2	32.2	32.2	32.2	32.2	32.2	32.2	15.6

3. The pH shall be in the range 6.0 to 9.0.
4. The permittee shall record monitoring results on Discharge Monitoring Report Forms using one such form for each discharge each month.

Discharge Monitoring Reports shall be mailed to the IEPA at the following address:

Illinois Environmental Protection Agency
Division of Water Pollution Control
2200 Churchill Road
Springfield, Illinois 62706

Attention: NPDES Unit (DMR)

ATTACHMENT B2 CONTINUED

5. The completed Discharge Monitoring Report forms shall be retained by the permittee for a period of six months and then shall be mailed and received by the IEPA in accordance with the following schedule, unless otherwise specified by the permitting authority.

Period	Received by IEPA
--------	------------------

May, June, July, August, September, October	November 15
---	-------------

November, December, January, February, March, April	May 15
---	--------

6. For the purpose of this permit, this discharge is limited to non-contact cooling and storm water runoff, free from process and other wastewater discharges. In the event that the permittee shall require the use of water treatment additives, the permittee must request a change in this permit in accordance with the Standard Conditions - Attachment H.

ATTACHMENT B3

FINAL

Effluent Limitations and Monitoring

Discharge Number: 003

Discharge Name: Non-Contact Cooling Water Discharge

From effective date of permit until June 30, 1981, the effluent of the above discharge shall be monitored and limited at all times as follows:

PARAMETER	CONCENTRATION LIMITS mg/l		LOAD LIMITS lbs/day (Kg/day)		SAMPLE FREQUENCY	SAMPLE TYPE
	30 DAY AVERAGE	DAILY MAXIMUM	30 DAY AVERAGE	DAILY MAXIMUM		
Flow (MGD)					1/Week	Grab
Temperature	See Attachment B3 Continued				1/Week	Grab

ATTACHMENT B3 CONTINUED

1. Samples taken in compliance with the effluent monitoring requirements shall be taken at a location representative of the effluent but prior to mixing with the receiving stream.
2. Discharge of wastewater from this facility must not alone or in combination with other sources cause the receiving stream to violate the following thermal limitations:
 - A. Maximum temperature rise above natural temperature must not exceed 50F (2.780C).
 - B. Water temperature at representative locations in the main river shall not exceed the maximum limits in the following table during more than one (1) percent of the hours in the 12-month period ending with any month. Moreover, at no time shall the water temperature at such locations exceed the maximum limits in the following table by more than 30F (1.670C). (Main river temperatures are temperatures of those portions of the river essentially similar to and following the same thermal regime as the temperatures of the main flow of the river.)

	<u>Jan.</u>	<u>Feb.</u>	<u>Mar.</u>	<u>Apr.</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug.</u>	<u>Sept.</u>	<u>Oct.</u>	<u>Nov.</u>	<u>Dec.</u>
0F	60	60	60	90	90	90	90	90	90	90	90	60
0C	15.6	15.6	15.6	32.2	32.2	32.2	32.2	32.2	32.2	32.2	32.2	15.6

3. The pH shall be in the range 6.0 to 9.0.
4. The permittee shall record monitoring results on Discharge Monitoring Report Forms using one such form for each discharge each month.

Discharge Monitoring Reports shall be mailed to the IEPA at the following address:

Illinois Environmental Protection Agency
Division of Water Pollution Control
2200 Churchill Road
Springfield, Illinois 62706

Attention: NPDES Unit (DMR)

ATTACHMENT B3 CONTINUED

5. The completed Discharge Monitoring Report forms shall be retained by the permittee for a period of six months and then shall be mailed and received by the IEPA in accordance with the following schedule, unless otherwise specified by the permitting authority.

Period	Received by IEPA
--------	------------------

May, June, July, August, September, October	November 15
---	-------------

November, December, January, February, March, April	May 15
--	--------

6. For the purpose of this permit, this discharge is limited to non-contact cooling, free from process and other wastewater discharges. In the event that the permittee shall require the use of water treatment additives, the permittee must request a change in this permit in accordance with the Standard Conditions - Attachment H.

14. The permittee shall take all reasonable steps to minimize any adverse impact on waters of the State resulting from non-compliance with any effluent limitations specified in this permit. The permittee will also provide accelerated or additional monitoring as necessary to determine the nature and the impact of the non-complying discharge(s).
 15. The permittee is responsible for maintaining adequate safeguards to prevent the discharge of untreated or inadequately treated wastes during electrical power failures either by means of alternate power sources, standby generators or retention of inadequately treated effluent. Should the treatment works not include the above capabilities at the time of permit issuance, the permittee must furnish within 120 days to the Agency, for approval, plans for such facilities and an implementation schedule for their installation.
 16. The permittee shall effectively monitor the operation and efficiency of all treatment and control facilities and the quantity and quality of the treated discharge. The permittee must obtain the equipment necessary to perform the tests designated by the influent and effluent limitations indicated in Schedule B, and A if included, or be able to utilize other laboratory services to determine and report the necessary results. Samples and measurement taken as required herein shall be representative of the volume and nature of the monitored discharge. Monitoring data required for this permit shall be summarized on a calendar month basis. Individual reports for each reporting period are to be submitted on the basis indicated in Schedule B and A if included of this permit, and/or on the appropriate forms as indicated by the Agency. Original copies of the Discharge Monitoring Report form properly signed and completed must be submitted and postmarked within fifteen (15) days after the end of the reporting period to: Illinois EPA, DWPC, 2200 Churchill Road, Springfield, Illinois, 62706, Attention: NPDES Unit (DNR).
 17. The permittee shall record for all samples the date and time of sampling, the sampling method used, the date that analyses were performed, the identity of the analyses, and the results of all required analysis and measurements. All sampling and analytical records required by this permit shall be retained for a minimum of three years. The permittee shall also retain all original records from any continuous monitoring instrumentation and any calibration and maintenance records for a minimum of three years. The periods will be extended on a day-for-day basis during the course of any unresolved litigation, or when so requested by the Agency.
- If the permittee monitors any pollutant at the location(s) designated herein more frequently than required by this permit, using approved analytical methods as specified above, the results of such monitoring shall be included in the calculation and reporting of the values required in the Discharge Monitoring Report Form. Such increased frequency shall also be indicated.
18. The analytical and sampling methods used shall conform to 40 CFR Part 136 which includes selected methods from current editions of the reference manuals listed below:
 - a. "Standard Methods for the Examination of Water and Wastewaters", APHA, Washington, D.C.
 - b. "A.S.T.M. Standards, Part 31, Water", American Society for Testing and Materials, Philadelphia, Pennsylvania.
 - c. "Methods for Chemical Analysis of Water and Waste", EPA, Technology Transfer.The permittee shall calibrate and perform maintenance procedures on all monitoring and analytical instrumentation at intervals to ensure accuracy of measurements.
 19. Except for data determined to be confidential pursuant to Section 7 or 7.1 of the Act or Section 308 of the FWPCA, all monitoring reports recorded by this permit shall be available for public inspection at the offices of the Agency. Knowingly making any false statement on any such report may result in the implementation of criminal penalties as provided for in Section 309 of the FWPCA and Section 44 of the Act.
 20. The permittee shall at all times maintain in good working order and operate as efficiently as possible any facilities or systems of control installed by the permittee to achieve compliance with the terms and conditions of the permit.
 21. Owners of publicly owned or publicly regulated treatment works shall require that any industrial user of such treatment works comply with federal requirements concerning:
 - a. User charges and recovery of construction costs pursuant to Section 204(b) of the FWPCA, and applicable regulations in 40 CFR 35;
 - b. Toxic pollutant effluent standards and pretreatment standards pursuant to Section 307 of the FWPCA;
 - c. Inspection, monitoring and entry pursuant to Section 308 of the FWPCA.
 22. Collected screenings, slurries, sludges, and other solids shall be disposed of in such a manner as to prevent entry of those wastes (or runoff from the wastes) into waters of the State. The proper authorization for such disposal shall be obtained from the Agency and is incorporated as part hereof by reference.
 23. If any interim effluent limitations and/or schedule of compliance is provided for in this permit pursuant to Rule 409 of Chapter 3, the permittee is required to take such action to bring the discharge into compliance within the shortest period of time possible. If the Agency determines that the permittee is not taking timely action to secure the appropriate grant funding, the Agency may take the following actions:
 - a. Place the permittee on restricted status.
 - b. Initiate appropriate enforcement action.
 24. The discharge(s) authorized by this permit shall comply with, in addition to the requirements of the permit, all applicable provisions of Chapter 3 or applicable orders of the Board which are consistent with the FWPCA or regulations adopted thereunder.
 25. The permittee shall not commence construction or modification of any treatment works, disposal well, wastewater source, or process modification until an authorization to construct has been issued pursuant to Rule 910 of Chapter 3. If an authorization to construct is issued, it is hereby incorporated as a condition of this permit.
 26. The permittee is not authorized to discharge after the expiration date. In order to receive authorization to discharge beyond the expiration date, the permittee shall submit the proper application as required by the Agency not later than 180 days prior to the expiration date.
 27. "This permit may be modified or revised, or, alternatively revoked and reissued, to comply with an applicable effluent limitation issued pursuant to the order of the United States District Court for the District of Columbia issued on June 8, 1976, in Natural Resources Defense Council, Inc. et. al. v. Russell E. Train, 8 ERC 2120 (D.C. 1976), if the effluent limitation so issued:
 - (1) is different in conditions or more stringent than any effluent limitation in the permit; or
 - (2) controls any pollutant not limited in the permit."
- This permit may be revised, following notice by the Agency that applicable effluent limitations covered by the Natural Resources Defense Council, Inc. et.al. v. Train, 8 E.R.C. 2120 (D.D.C. 1976) will not be promulgated, to incorporate any applicable effluent limitation determined under Section 402(a)(1) of the Federal Water Pollution Control Act. (FWPCA) Amendments of 1972 as necessary to carry out the provisions of Section 301(b)(2)(a) of the FWPCA, if the effluent limitation so determined;
- a. Is more stringent than any effluent limitation in the permit; or
 - b. Controls any pollutant not limited in the permit.
28. This permit may be revised to incorporate, if necessary, applicable provisions of an approved 208 plan pursuant to Section 208 of the FWPCA.
 29. Applicable new or amended Pollution Control Board Rules or Regulations, Regulations promulgated pursuant to the FWPCA or Amendments to the FWPCA shall be incorporated herein and become part hereof when the Rule, Regulation or Amendment becomes effective. The Agency will notify each affected NPDES permittee of such incorporation.
 30. The provisions of this permit are severable, and if any provision of this permit or the application of any provision of this permit to any circumstance is held invalid, the application of such provision to other circumstances and the remainder of this permit shall not be affected thereby.

EXHIBIT 1



NATIONAL ELECTRONICS/a varian division/geneva, illinois 60134 (312) 232-4300

September 14, 1979

Mr. Michael L. Miller, Manager
Hazardous Waste Unit
Division of Land/Noise Pollution
Control
Illinois Environmental Protection
Agency
Springfield, IL 62706

Dear Sir:

Please accept these forms (ADM-1067) submitted in triplicate we received from your office. It is our hope that the information supplied will be sufficient for obtaining our generator code, authorization number, and manifest. We are committed to full compliance with chapter #9: Special Waste Hauling Regulations and all IEPA regulations.

If you have any questions or require further information, please feel free to contact us at any time.

Truly yours,

Mark D. Peterson

Mark D. Peterson, Buyer
NATIONAL ELECTRONICS

MDP:iem

cc: R. L. Prevost
Materials Manager

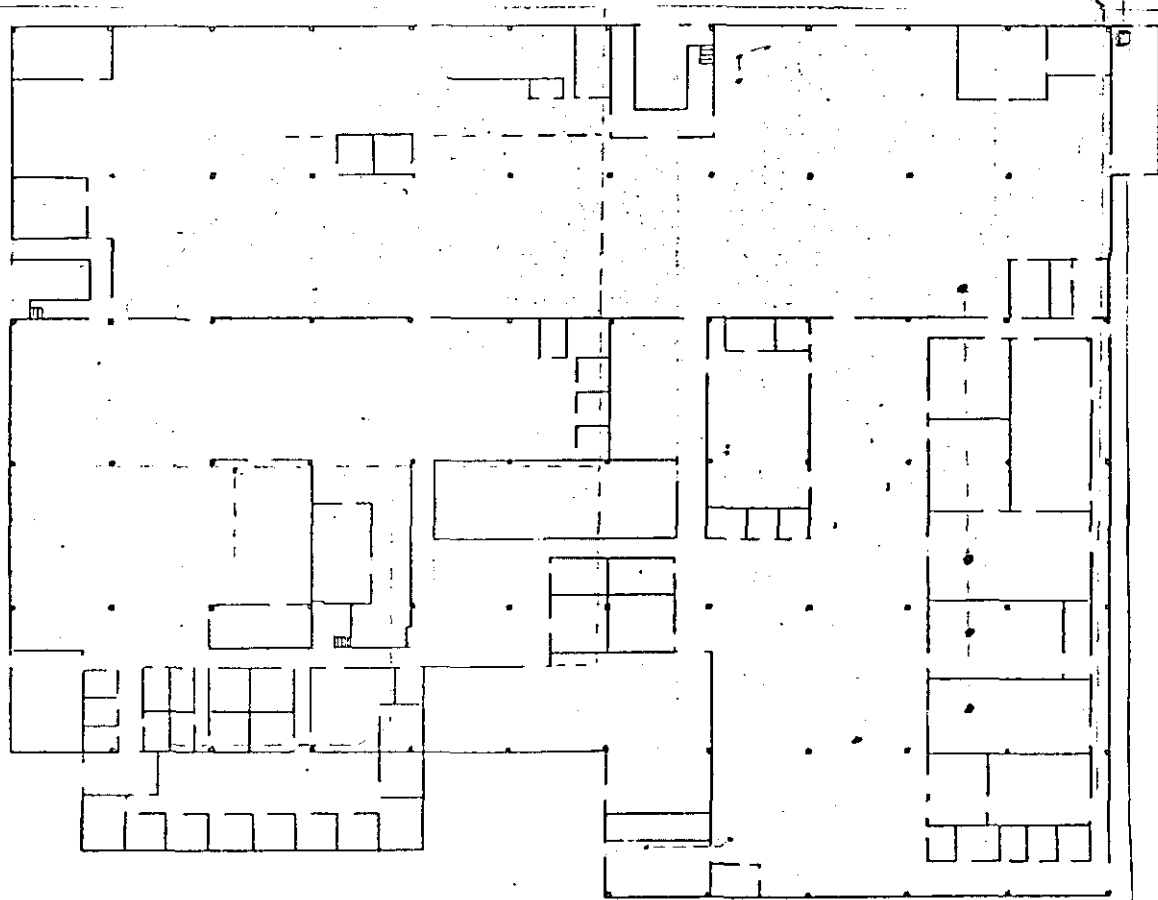
✓ Lamonte Walker
Safety Officer

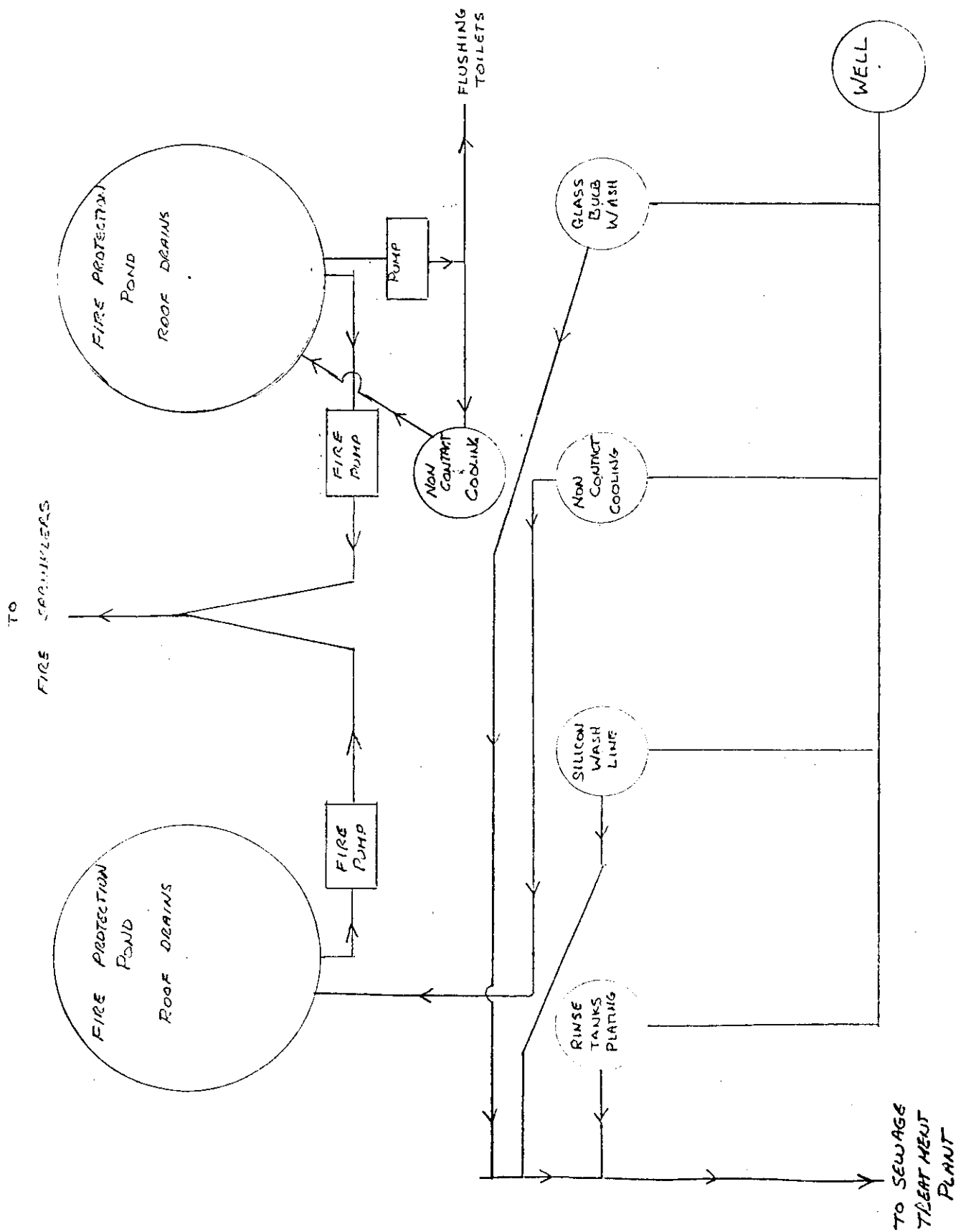
SAINTARY SEWER LINES
O CATCH BASIN

TO STP

46 ppb
11-4-80

45 ppb
4/1/82





Lamont Walker

FRI-AM

Ed Wolovich

24/10/80

Form 1 V-P Sig.

#11 Geological Survey Map should be OK.

Form 3: S04 Surface Impoundment.
Storage and/or Treatment
S04 or TOR✓.

NPDES:
does
not
permit
to do that

IV (D) EPA ID No.
~~D-001-0~~

How do we handle enlisted
hazardous wastes:

Categories D001, D002, D-003

Photos: aerial ✓

Surface Impound:
✓ Effluent Sampling records exist.
✓ Influent: none. Should be conducted.

Test for Pb:

Hg. Industrial Soap ^{Liquinot} Canastic Soda Hg.

Phosphates.

INF - Pb, Hg, PO₄ (TOTAL)

EFF - Hg, PO₄ (TOTAL)



ENVIRO-TEST, INC.

319 Ogden Avenue
Downers Grove, Illinois 60515
(312) 963-4672

LABORATORY REPORT

Attention Mr. LaMonte C. Walker

Date received Sept. 26, 1980

Company National Electronics

Date completed October 7, 1980

Division _____

P.O.# _____

Address P.O. Box 269

City Geneva

State Illinois

Zip 60134

Analysis #	Sample Identification	Date
03116	Wastewater sample - DISCHARGE INTO POND #1	

Comments: LT means less than.

SAMPLE	03116				SAMPLE	03116			
Solids, Organic & Volatile					Manganese	.04			
Acidity, as CaCO ₃					Mercury, ug/l (ppb)	2.8			
Alkalinity, phenol, as CaCO ₃					Molybdenum				
Alkalinity, total, as CaCO ₃					Nickel	.6			
Aluminum					Nitrogen, ammonia, as N				
Arsenic	LT.02				Nitrogen, organic, as N				
Barium					Nitrogen, total, as N				
Beryllium					Nitrate, as N				
Bicarbonate					Nitrite, as N				
BOD, 5 day					pH				
BOD, ultimate					Phenols				
Bismuth					Phosphate, soluble, as PO ₄				
Boron					Phosphate, total, as PO ₄	6.0			
Bromide					Potassium				
Cadmium					Selenium				
Calcium					Silica, as SiO ₂				
Carbon Dioxide, free					Silver				
Chloride					Sodium				
Chlorinated Hydrocarbons					Solids/Residue, total				
Chlorine					Solids, dissolved (filterable)				
Chromium	.04				Solids, fixed				
Chromium, hexavalent					Solids, settleable				
Cobalt					Solids, suspended (non-filt.)				
COD					Solids, volatile				
Color, Co/Pt units					Specific gravity				
Conductivity					Strontium				
Copper	.10				Sulfate, as SO ₄				
Cyanide, free					Sulfide, as S				
Cyanide, total	LT.003				Sulfite, as SO ₂				
Dissolved Oxygen					Surfactants, MBAS				
EDTA					Tin				
Fluoride	12.8				Turbidity				
Grease & Oil					Vanadium				
Hardness, total, as CaCO ₃					Zinc	.15			
Hydrocarbons					Other:				
Iron	1.0								
Iron, Dissolved									
Lead	.90								
Lithium									
Magnesium									

ALL RESULTS IN mg/l UNLESS OTHERWISE NOTED

Testing is in accordance with procedures outlined in:

- *** 1. Standard Methods for the Examination of Water and Wastewater, APHA-AWWA-WPCF, 14th ed., 1976
2. Methods for Chemical Analysis of Water and Wastes, EPA, 1974
3. "Water, Atmospheric Analysis", Part 31, ASTM Standards, 197

Certified by: _____

R. J. Jakubiec, PhD, President and Laboratory Director

Date: October 7, 1980

Checked and Approved by: _____

Date: _____

interoffice



to: Ed Wolovich
from: LaMonte Walker ext. 202
date: December 15, 1980
subject: Waste Research and Reclamation's Spent Material
Survey Form and Nuclear Engineering's Request for
Disposal Form and Ignitable Liquid Agreement Form

Attached are various forms that we have received from the disposal/recycling companies that we utilize. We are required to have our waste streams analyzed and complete these forms before these disposal companies will receive our wastes.

When we have made the appropriate analyses and have completed the forms, I'll send ~~some~~ to you for your review and comments.

LCW:le
Attachment

Varian / National Division / P.O. Box 269 / Geneva / Illinois 60134
Tel. (312) 232-4300
Twx: 910-237-1685



December 23, 1980

Mr. Larry Estep
Industrial Unit Manager
Permit Section
I.E.P.A.
Division of Water Pollution Control
2200 Churchill Road
Springfield, IL 62706

Dear Mr. Estep:

On December 19, 1980 I called the Illinois Environmental Protection Agency NPDES Unit Permit Section and spoke to Mr. Dale DeClue regarding a request for an extension of the submittal time of the application for renewal of our NPDES permit. Mr. DeClue advised that I write a letter to you requesting the extension.

Our present NPDES permit, Reference #IL0024333, expires on June 30, 1981. We feel that the period of time needed to obtain the required laboratory analyses and to properly complete the USEPA Form #1 - General Information and Form #2C - Waste Water Discharge Information, and then to obtain the required signatures after corporate review would put us in violation of the 180 day submittal period before expiration date as required by regulations.

We are requesting a 90 day extension for the submittal of our application for the renewal of our NPDES permit so that we may maintain compliance with the IEPA Division of Water Pollution Control regulations as we have in the past. 3-3-81

Your consideration and assistance will be greatly appreciated. If you have any questions or require further information, please contact me.

Very truly yours,

Eugene F. Loeb
General Manager

EFL:ts

bcc Carl Schoder, Box C-218 ✓
L. Walker

File: Permits
Hazardous Waste
National Electronics

interoffice



to ^{C 218} Carl Schoder, Milt Siegel ^{6/12/81}
from ^{Jim} Jim Ray ext.
date June 12, 1981
subject

Attached for your files is a letter from EPA - Region V re the sale of the National Electronics Division, and change of status re RCRA.

A joint notice to the EPA was prepared and sent as part of the Closing. A copy of such letter is attached. A duplicate is being sent to the address specified in page 2 of the attached letter.

Attachment

File Permits
Hazardous Waste
National Electronics Div.

May 12, 1981

Regional Administrator
U.S.E.P.A. Region V, RCRA Activities
P.O. Box 7861
Chicago, Illinois 60680

Ref: U.S.E.P.A. Identification No. ILD062405204

Dear Sirs:

We wish to provide notification per 40 CFR of a transfer of ownership and operational control of the National Electronics Division facility with the above identification number. In addition the facility has filed a Part A permit application (Forms 1 & 3) to obtain interim status as a storage facility.

Current Permit Applicant

National Electronics Division
Varian Associates, Inc.
Post Office Box 269
Geneva, Illinois, 60134

New Permit Applicant

National Electronics, Inc.
Post Office Box 269
Geneva, Illinois 60134

It is expected that the proposed transfer will be completed on or before June 1, 1981 and at that time permit responsibility, coverage and liability will be transferred from the current permit applicant to the new permit applicant. Notification will be provided of the specific date of transfer as soon as this information is available.

It is our understanding that the giving of this notice prior to the transfer will be sufficient to meet the requirements of your department.

Sincerely yours,

National Electronics, Inc.

Varian Associates, Inc.

Edward Richardson
President

John M. Heldack
Vice President
Corporate Development &
Regulatory Affairs

File Permit
Hazardous Waste
National Electronics Div

May 29, 1981

Regional Administrator
United States Environmental
Protection Agency
Region V
RCRA Activities
111 West Jackson Street
Chicago, Illinois 60604

Attention Ms. Judy Kertcher,
Waste Management Branch

Re: U.S.E.P.A. Identification No. ILDO62405204

Dear Ms. Kertcher:

This letter is in furtherance of our earlier correspondence including the submission of a permit application by the new permit applicant regarding the transfer of ownership and operational control of the business of the National Electronics Division of Varian Associates, Inc., to National Electronics, Inc., a wholly-owned subsidiary of Richardson Electronics, Ltd.

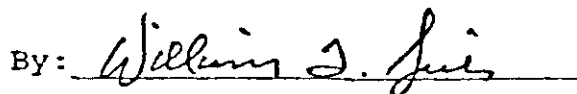
This is intended to constitute notification that the date of this transfer of ownership and control took place on May 29, 1981. Permit responsibility, coverage and liability has now been transferred to the new permit applicant.

Very truly yours,

VARIAN ASSOCIATES, INC.

By: 

NATIONAL ELECTRONICS, INC.

By: 

File Permits
Water Pollution
National Electronics DN.

May 29, 1981

Illinois Environmental Protection
Agency
2200 Churchill Road
Springfield, Illinois 62706

Attention Mr. Lawrence K. Eastep,
P. E. Manager, Industrial Unit,
Permit Section, Division of
Water Pollution Control

Re: NPDES Permit No. IL0024333

Dear Mr. Eastep:

This letter is in furtherance of our earlier correspondence regarding the transfer of ownership and operational control of the business of the National Electronics Division of Varian Associates, Inc., to National Electronics, Inc., a wholly-owned subsidiary of Richardson Electronics, Ltd.

This is intended to constitute notification that the date of this transfer of ownership ~~of ownership~~ and control took place on May 29, 1981.

Very truly yours,

VARIAN ASSOCIATES, INC.

By: *[Signature]*

NATIONAL ELECTRONICS, INC.

By: *William J. Lee*

*change made
in transmission*

WJL